

PROVIDER NO. 14-0275 ILLINI HOSPITAL
PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
IN LIEU OF FORM CMS-2552-96 (11/98)

VERSION: 2008.05
11/30/2008 22:35

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX COST REPORT
CERTIFICATION AND SETTLEMENT SUMMARY

WORKSHEET S
PARTS I & II

INTERMEDIARY [] AUDITED
USE ONLY: [] DESK REVIEWED

DATE RECEIVED [] INITIAL [] RE-OPENING
INTERMEDIARY NO. [] FINAL [XX] MCR CODE 1

PART I - CERTIFICATION

CHECK
APPLICABLE BOX

XX ELECTRONICALLY FILED COST REPORT
MANUALLY SUBMITTED COST REPORT

DATE: 11/30/2008
TIME: 22:35

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED IN THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY ILLINI HOSPITAL (14-0275) (PROVIDER NAME(S) AND NUMBER(S)) FOR THE COST REPORTING PERIOD BEGINNING 07/01/2007 AND ENDING 06/30/2008, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR Encryption: 11/30/2008 22:35
rt3iQcaCrR:z17XKDopvriRPO8AIU0
seBY700p4qzziSht4U5xSQmBmoObSA
NDs10BMerD0ACr7E

(SIGNED) Mark Rogers
OFFICER OR ADMINISTRATOR OF PROVIDER(S)
VP of Finance / CFO
TITLE
12/1/08
DATE

PI Encryption: 11/30/2008 22:35
AeHny2OnC7zSqCgbogEk07BEYTWNG0
NzFJo0lVAaxKwDduQX1tspKpW0rUg
YF3D76CFva07VEC6

PART II - SETTLEMENT SUMMARY

TITLE V	TITLE XVIII	TITLE XIX
	PART A	PART B
1	2	3
1 HOSPITAL	-122715	63441
2 SUBPROVIDER I		
3 SWING BED - SNF		
4 SWING BED - NF		
5 SKILLED NURSING FACILITY		
6 NURSING FACILITY		
7 HOME HEALTH AGENCY		
8 OUTPATIENT REHABILITATION PROVIDER		
9 HEALTH CLINIC		
100 TOTAL	-122715	63441

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

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(SIGNED)

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

	TITLE V	TITLE XVIII	TITLE XIX	
	1	PART A 2	PART B 3	4
1 HOSPITAL		-122715	63441	1
2 SUBPROVIDER I				2
3 SWING BED - SNF				3
4 SWING BED - NF				4
5 SKILLED NURSING FACILITY				5
6 NURSING FACILITY				6
7 HOME HEALTH AGENCY				7
8 OUTPATIENT REHABILITATION PROVIDER				8
9 HEALTH CLINIC				9
100 TOTAL		-122715	63441	100

THE ABOVE AMOUNTS REPRESENT 'DUE TO' OR 'DUE FROM' THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED.

ACCORDING TO THE PAPERWORK REDUCTION ACT OF 1995, NO PERSONS ARE REQUIRED TO RESPOND TO A COLLECTION OF INFORMATION UNLESS IT DISPLAYS A VALID OMB CONTROL NUMBER. THE VALID OMB CONTROL NUMBER FOR THIS INFORMATION COLLECTION IS 0938-0050. THE TIME REQUIRED TO COMPLETE THIS INFORMATION COLLECTION IS ESTIMATED 657 HOURS PER RESPONSE, INCLUDING THE TIME TO REVIEW INSTRUCTIONS, SEARCH EXISTING RESOURCES, GATHER THE DATA NEEDED, AND COMPLETE AND REVIEW THE INFORMATION COLLECTION. IF YOU HAVE ANY COMMENTS CONCERNING THE ACCURACY OF THE TIME ESTIMATE(S) OR SUGGESTIONS FOR IMPROVING THIS FORM, PLEASE WRITE TO: HEALTH CARE FINANCING ADMINISTRATION, 7500 SECURITY BOULEVARD, N2-14-26, BALTIMORE, MARYLAND 21244-1850, AND TO THE OFFICE OF THE INFORMATION AND REGULATORY AFFAIRS, OFFICE OF MANAGEMENT AND BUDGET, WASHINGTON, D.C. 20503.

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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS:

1 STREET: 801 HOSPITAL ROAD
1.01 CITY: SILVIS

STATE: IL

P.O.BOX:

ZIP CODE: 61282-

COUNTY: ROCK ISLAND

1
1.01

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT 0	COMPONENT NAME 1	PROVIDER NUMBER 2	DATE CERTIFIED 3	PAYMENT SYSTEM (P,T,O OR N) V XVII XIX 4 5 6	
2 HOSPITAL	ILLINI HOSPITAL	14-0275	07/01/1966	N P O	2
3 SUBPROVIDER I					3
4 SWING BEDS - SNF					4
5 SWING BEDS - NF					5
6 HOSPITAL-BASED SNF	ILLINI RESTORATIVE CARE CENTER	14-5703	09/03/1991	N P N	6
7 HOSPITAL-BASED NF					7
8 HOSPITAL-BASED OLTC					8
9 HOSPITAL-BASED HHA					9
11 SEPARATELY CERTIFIED ASC					11
12 HOSPITAL-BASED HOSPICE					12
14 HOSP-BASED RHC					14
15 OUTPATIENT REHABILITATION PROVID					15
16 RENAL DIALYSIS					16
17 COST REPORTING PERIOD (MM/DD/YYYY)		FROM: 07/01/2007	TO: 06/30/2008		17
18 TYPE OF CONTROL			1 2		18
TYPE OF HOSPITAL/SUBPROVIDER					
19 HOSPITAL			1		19
20 SUBPROVIDER I					20

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1) URBAN OR (2) RURAL AT THE END OF THE COST REPORTING PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO.					21
21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42 CFR 412.106?	YES				21.01
21.02 HAS YOUR FACILITY RECEIVED GEOGRAPHIC RECLASSIFICATION? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, REPORT IN COLUMN 2 THE EFFECTIVE DATE.					21.02
21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1) URBAN (2) RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHIC RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 'Y' AND 'N' FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (mm/dd/yyyy) (SEE INSTRUCTION). DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 'Y' FOR YES AND 'N' FOR NO. ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA.	1 N			N	21.03
21.04 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	1				21.04
21.05 FOR STANDARD GEOGRAPHIC RECLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1) URBAN AND (2) RURAL.	1				21.05
21.06 DOES THIS HOSPITAL QUALIFY FOR THE THREE-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR A SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER 'Y' FOR YES AND 'N' FOR NO.	NO				21.06
22 ARE YOU CLASSIFIED AS A REFERRAL CENTER?	NO				22
23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW	NO				23
23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.					23.01
23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.					23.02
23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.					23.03
23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.					23.04
23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE.					23.05
23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.					23.06
23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3.					23.07
24 IF THIS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COL. 2. AND TERMINATION IN COL. 3.					24
24.01 IF THIS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COL. 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COL. 3.					24.01
25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE MAKING PAYMENTS FOR I & R?	NO				25
25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4?	NO				25.01
25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II.	NO				25.02
25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9.	NO				25.03
25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2	NO				25.04
25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)					25.05
25.06 HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENT CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(C)? ENTER 'Y' FOR YES AND 'N' FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS)					25.06

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WORKSHEET S-2
(CONTINUED)

OTHER INFORMATION

26	IF THIS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.				26
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: ENDING:				26.01
26.03	IF THIS A SOLE COMMUNITY HOSPITAL (SCH) FOR ANY PART OF THE COST REPORTING PERIOD, ENTER THE NUMBER OF PERIODS WITHIN THIS COST REPORTING PERIOD THAT SCH STATUS WAS IN EFFECT AND THE SCH WAS EITHER PHYSICALLY LOCATED OR CLASSIFIED IN A RURAL AREA.				26.03
26.04	IF LINE 26.03 COLUMN 1 IS GREATER THAN ONE ENTER THE EFFECTIVE DATES (SEE INSTRUCTIONS): BEGINNING: ENDING: BEGINNING: ENDING:				26.04
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS? IF YES, ENTER THE AGREEMENT DATE (mm/dd/yyyy) IN COLUMN 2.	NO			27
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WAS NO MEDICARE UTILIZATION ENTER 'Y', IF 'N' COMPLETE LINES 28.01 AND 28.02.	NO			28
28.01	IF HOSPITAL BASED SNF ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COL 1, ENTER IN COLS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER OCTOBER 1st	100	0.8985	0.8773	28.01
28.02	ENTER IN COL 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE (FROM YOUR F.I.) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PAYMENT. IN COL 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL(2). IN COL 3, ENTER THE SNF MSA CODE OR TWO CHARACTER CODE IF A RURAL BASED FACILITY. IN COL 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY.	1	1960		28.02
<p>A NOTICE PUBLISHED IN THE 'FEDERAL REGISTER' VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTRUCTIONS)</p>					
28.03	STAFFING	34.39	Y		28.03
28.04	RECRUITMENT	0.13	Y		28.04
28.05	RETENTION OF EMPLOYEES	0.22	Y		28.05
28.06	TRAINING	0.06	N		28.06
28.07	OTHER (SPECIFY)				28.07
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	NO			29
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL (CAH)? SEE 42 CFR 485.606ff.	NO			30
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS A RPCH/CAH? SEE 42 CFR 413.70.				30.01
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES?				30.02
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000)				30.03
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIGIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II.				30.04
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	NO			31
MISCELLANEOUS COST REPORTING INFORMATION					
32	IS THIS AN ALL-INCLUSIVE RATE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) IN COLUMN 2.	NO			32
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT. ENTER 'Y' FOR YES AND 'N' FOR NO IN COLUMN 2.	NO			33
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40(f)(1)(i) TEFRA?	NO			34
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER I (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	NO			35
PROSPECTIVE PAYMENT SYSTEM (PPS) - CAPITAL					
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	YES	NO	36
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE WITH 42CFR412.320?	NO	YES	NO	36.01
37	DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS?	NO	NO	NO	37
37.01	IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF FEDERAL RATE?				37.01

HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

TITLE XIX INPATIENT HOSPITAL SERVICES

38	DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?	YES	38
38.01	IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?	NO	38.01
38.02	DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?	NO	38.02
38.03	ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?	NO	38.03
38.04	DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?	NO	38.04
40	ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB. 15-I, CHAPTER 10? IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COLUMN 2 THE HOME OFFICE PROVIDER NUMBER. (SEE INSTRUCTIONS) IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION, ENTER THE NAME AND ADDRESS OF THE HOME OFFICE.	YES H55790	40
40.01	NAME: ENTER NAME IN COLUMN 1 FI/CONTRACTOR'S NAME: CAHABA	FI/CONTRACTOR'S NUMBER: 52280	40.01
40.02	STREET:	P.O.BOX:	40.02
40.03	CITY:	STATE: ZIP CODE:	40.03
41	ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?	YES	41
42	ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	YES	42
42.01	ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.01
42.02	ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?	NO	42.02
43	ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE PROVIDERS?	NO	43
44	IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPAT SERVICES ONLY?	NO	44
45	HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILE COST REPORT? SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE (mm/dd/yyyy) IN COLUMN 2.	NO	45
45.01	WAS THERE A CHANGE IN THE STATISTICAL BASIS?		45.01
45.02	WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?		45.02
45.03	WAS THERE A CHANGE TO THE SIMPLIFIED COST FINDING METHOD?		45.03
46	IF YOU ARE PARTICIPATING IN THE NCMQ DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF) DURING THIS COST REPORTING PERIOD, ENTER THE PHASE.		46

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COST OR CHARGES, ENTER A 'Y' FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION; ENTER 'N' IF NOT EXEMPT (SEE 42 CFR 413.13).

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC		
	1	2	3	4	5		
47	HOSPITAL	N	N	N	N	47	
48	SUBPROVIDER I	N	N	N	N	48	
49	SKILLED NURSING FACILITY	N	N	N	N	49	
50	HOME HEALTH AGENCY	N	N			50	
52	DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)?			NO		52	
52.01	IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTION PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE L, PART IV.			NO		52.01	
53	IF THIS IS A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE 53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.					53	
53.01	MDH PERIOD:	BEGINNING:		ENDING:		53.01	
54	LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES: PREMIUMS: 417331 PAID LOSSES: AND/OR SELF INSURANCE:					54	
54.01	ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.			NO		54.01	
55	DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER 'Y' FOR YES AND 'N' FOR NO.			NO		55	
56	ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COL 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY. IF THIS IS FIRST YEAR OF OPERATIONS, NO ENTRY IS REQUIRED IN COL 2. IF COL 1 IS 'Y', ENTER 'Y' OR 'N' IN COL 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COL 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		DATE 0 / /	Y/N 1 NO	LIMIT 2 0.00	Y/N 3 NO	FEE\$ 4
57	ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?			NO		57	
58	ARE YOU AN INPATIENT REHABILITATION FACILITY (IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.			NO		58	
58.01	IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER IN COLUMN 1 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH FR VOL 70, NO 156 DATED AUGUST 15, 2005 PAGE 47929? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS) IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTRUCTIONS)					58.01	
59	ARE YOU A LONG TERM CARE HOSPITAL (LTCH), OR DO YOU CONTAIN A LTCH SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% PPS REIMBURSEMENT? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)			NO		59	

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HOSPITAL AND HEALTH CARE COMPLEX IDENTIFICATION DATA

WORKSHEET S-2
(CONTINUED)

60	ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 'Y' FOR YES AND 'N' FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 'Y' FOR YES AND 'N' FOR NO. (SEE INSTRUCTIONS)	NO	60
60.01	IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER 'Y' FOR YES OR 'N' FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 'Y' FOR YES OR 'N' FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2, OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5 (SEE INSTR.)		60.01
MULTICAMPUS			
61	DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER 'Y' FOR YES AND 'N' FOR NO. IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.	NO	61
	COUNTY:	STATE:	ZIP CODE
	1	2	3
			CBSA
			4
			FTE/ CAMPUS
			5

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WORKSHEET S-3
PART I

				I/P DAYS	O/P VISITS	TRIPS		
	COMPONENT	NO. OF BEDS 1	BED DAYS AVAILABLE 2	CAH PATIENT HOURS 2.01	TITLE V 3	LTCX NONCOVERED DAYS 4.01	TITLE XIX 5	OBS. BEDS ADMITTED 5.01
1	HOSPITAL ADULTS & PEDS, EXCL SWING BED, OBSERV & HOSPICE DAYS	142	51972		6702		2074	1
2	HMO						472	2
3	HOSPITAL ADULTS & PEDS - SWING BED SNF							3
4	HOSPITAL ADULTS & PEDS -- SWING BED NF							4
5	TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS	142	51972		6702		2074	5
6	INTENSIVE CARE UNIT	7	2562		632		94	6
7	CORONARY CARE UNIT							7
8	BURN INTENSIVE CARE UNIT							8
9	SURGICAL INTENSIVE CARE UNIT							9
10	OTHER SPECIAL CARE (SPECIFY)							10
11	NURSERY						953	11
12	TOTAL HOSPITAL	149	54534		7334		3121	12
13	RPCH VISITS							13
14	SUBPROVIDER I							14
15	SKILLED NURSING FACILITY	22	8052		5833			15
16	NURSING FACILITY	98	35868					16
17	OTHER LONG TERM CARE							17
18	HOME HEALTH AGENCY							18
20	ASC (DISTINCT PART)							20
21	HOSPICE (DISTINCT PART)							21
23	O/P REHAB PROVIDER							23
24	RHC I							24
25	TOTAL	269						25
26	OBSERVATION BED DAYS						113	16
27	AMBULANCE TRIPS				1921			27
28	EMPLOYEE DISCOUNT DAYS							28

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HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
PART I
(CONTINUED)

COMPONENT	-----I/P DAYS / O/P VISITS / TRIPS-----				---INTERNS & RES FTES----			--FULL TIME EQUIV--	
	OBS.	TOTAL ALL	OBS.	OBS.	TOTAL	LESS I&R	NET	EMPLOYEES ON PAYROLL	NONPAID WORKERS
	BEDS NOT ADMITTED		BEDS ADMITTED	BEDS NOT ADMITTED		REPL NON- PHYS ANES			
	5.02	6	6.01	6.02	7	8	9	10	11
1 HOSPITAL ADULTS & PEDS, EXCL.		13509							1
2 SWING BED, OBSERV & HOSPICE DAYS									2
3 HMO XIX									3
4 HOSPITAL ADULTS & PEDS -									4
5 SWING BED SNF									5
6 HOSPITAL ADULTS & PEDS -									6
7 SWING BED NF									7
8 TOTAL ADULTS & PEDS		13509							8
9 EXCL OBSERVATION BEDS									9
10 INTENSIVE CARE UNIT		932							10
11 CORONARY CARE UNIT									11
12 BURN INTENSIVE CARE UNIT									12
13 SURGICAL INTENSIVE CARE UNIT									13
14 OTHER SPECIAL CARE (SPECIFY)									14
15 NURSERY		1586							15
16 TOTAL HOSPITAL		16027						436.55	16
17 RPOH VISITS									17
18 SUBPROVIDER I									18
19 SKILLED NURSING FACILITY		7250						23.65	19
20 NURSING FACILITY		32695						45.80	20
21 OTHER LONG TERM CARE									21
22 HOME HEALTH AGENCY									22
23 ASC (DISTINCT PART)									23
24 HOSPICE (DISTINCT PART)									24
25 O/P REHAB PROVIDER									25
26 RHC I									26
27 TOTAL								506.00	27
28 OBSERVATION BED DAYS	97	1929	207	1722					28
29 AMBULANCE TRIPS									29
30 EMPLOYEE DISCOUNT DAYS		44							30

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HOSPITAL AND HEALTH CARE COMPLEX STATISTICAL DATA

WORKSHEET S-3
 PART I
 (CONTINUED)

-----DISCHARGES-----					
COMPONENT	TITLE V 12	TITLE XVIII 13	TITLE XIX 14	TOTAL ALL PATIENTS 15	
1 HOSPITAL ADULTS & PEDS, EXCL. SWING BED, OBSERV & HOSPICE DAYS		1895	1152	4524	1
2 HMO XIX					2
3 HOSPITAL ADULTS & PEDS -- SWING BED SNF					3
4 HOSPITAL ADULTS & PEDS - SWING BED NF					4
5 TOTAL ADULTS & PEDS EXCL OBSERVATION BEDS					5
6 INTENSIVE CARE UNIT					6
7 CORONARY CARE UNIT					7
8 BURN INTENSIVE CARE UNIT					8
9 SURGICAL INTENSIVE CARE UNIT					9
10 OTHER SPECIAL CARE (SPECIFY)					10
11 NURSERY					11
12 TOTAL HOSPITAL		1895	1152	4524	12
13 RPCH VISITS					13
14 SUBPROVIDER I					14
15 SKILLED NURSING FACILITY					15
16 NURSING FACILITY					16
17 OTHER LONG TERM CARE				116	17
18 HOME HEALTH AGENCY					18
20 ASC (DISTINCT PART)					20
21 HOSPICE (DISTINCT PART)					21
23 O/P REHAB PROVIDER					23
24 RHC I					24
25 TOTAL					25
26 OBSERVATION BED DAYS					26
27 AMBULANCE TRIPS					27
28 EMPLOYEE DISCOUNT DAYS					28

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HOSPITAL WAGE INDEX INFORMATION

PART II - WAGE DATA		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	DATA SOURCE	WORKSHEET S-3 PART II
1	SALARIES	1	2	3	4	5	6	
1	TOTAL SALARIES	22734246		22734246	1152224.00	19.73		1
2	NON-PHYSICIAN ANESTHETIST PART A							2
3	NON-PHYSICIAN ANESTHETIST PART B							3
4	PHYSICIAN - PART A							4
4.01	TEACHING PHYSICIAN SALARIES							4.01
5	PHYSICIAN - PART B							5
5.01	NON-PHYSICIAN - PART B							5.01
6	INTERNS & RESIDENTS (IN APPR PGM)							6
6.01	CONTRACT SERVICES, I&R							6.01
7	HOME OFFICE PERSONNEL							7
8	SNF	856651		856651	46951.00	18.25		8
8.01	EXCLUDED AREA SALARIES	2789442	-124278	2665164	169698.00	15.71		8.01
	OTHER WAGES & RELATED COSTS							
9	CONTRACT LABOR	307880		307880	7009.00	43.93		9
9.01	PHARMACY SERVICES UNDER CONTRACT							9.01
9.02	LABORATORY SERVICES UNDER CONTRACT							9.02
9.03	MANAGEMENT AND ADMINISTRATIVE SERVICES'							9.03
10	CONTRACT LABOR: PHYSICIAN PART A							10
10.01	TEACHING PHYSICIAN UNDER CONTRACT							10.01
11	HOME OFFICE SALARIES & WAGE REL COSTS	4355060		4355060	135582.00	32.12		11
12	HOME OFFICE: PHYSICIAN PART A							12
12.01	TEACHING PHYSICIAN SALARIES							12.01
	WAGE-RELATED COSTS							
13	WAGE RELATED COSTS (CORE)	4969560		4969560			CMS 339	13
14	WAGE RELATED COSTS (OTHER)						CMS 339	14
15	EXCLUDED AREAS	910967		910967			CMS 339	15
16	NON-PHYSICIAN ANESTHETIST PART A						CMS 339	16
17	NON-PHYSICIAN ANESTHETIST PART B						CMS 339	17
18	PHYSICIAN PART A						CMS 339	18
18.01	PART A TEACHING PHYSICIANS						CMS 339	18.01
19	PHYSICIAN PART B						CMS 339	19
19.01	WAGE RELATED COSTS (RHC/FQHC)						CMS 339	19.01
20	INTERNS & RESIDENTS (IN APPR PGM)						CMS 339	20
	OVERHEAD COSTS - DIRECT SALARIES							
21	EMPLOYEE BENEFITS							21
22	ADMINISTRATIVE & GENERAL	877228	124278	1001506	48193.00	20.78		22
22.01	ADMINISTRATIVE & GENERAL UNDER CONTACT							22.01
23	MAINTENANCE & REPAIRS							23
24	OPERATION OF PLANT	685926		685926	37731.00	18.18		24
25	LAUNDRY & LINEN SERVICE	74794		74794	6191.00	12.08		25
26	HOUSEKEEPING	681384		681384	62366.00	10.93		26
26.01	HOUSEKEEPING UNDER CONTRACT							26.01
27	DIETARY	522111		522111	100713.00	5.18		27
27.01	DIETARY UNDER CONTRACT							27.01
28	CAFETERIA							28
29	MAINTENANCE OF PERSONNEL							29
30	NURSING ADMINISTRATION	766865		766865	26784.00	28.63		30
31	CENTRAL SERVICES AND SUPPLY	277799		277799	20652.00	13.45		31
32	PHARMACY	1082121		1082121	30380.00	35.62		32
33	MEDICAL RECORDS & MEDICAL RECORDS LIHR							33
34	SOCIAL SERVICE	194515		194515	9379.00	20.74		34
35	OTHER GENERAL SERVICE							35

HOSPITAL WAGE INDEX INFORMATION

WORKSHEET S-3
PART III

PART III - HOSPITAL WAGE INDEX SUMMARY		AMOUNT REPORTED	RECLASS. OF SALARIES FROM WKST. A-6	ADJUSTED SALARIES (COL.1 + COL.2)	PAID HOURS RELATED TO SALARY IN COL.3	AVERAGE HOURLY WAGE (COL.3 / COL.4)	
1		1	2	3	4	5	
1	NET SALARIES	22734246		22734246	1152224.00	19.73	1
2	EXCLUDED AREA SALARIES	3646093	-124278	3521815	216649.00	16.26	2
3	SUBTOTAL SALARIES (LINE 1 MINUS LINE 2)	19088153	124278	19212431	935575.00	20.54	3
4	SUBTOTAL OTHER WAGES & REL COSTS	4662940		4662940	142591.00	32.70	4
5	SUBTOTAL WAGE-RELATED COSTS	4969560		4969560		25.87%	5
6	TOTAL (SUM OF LINES 3 THRU 5)	28720653	124278	28844931	1078166.00	26.75	6
7	NET SALARIES						7
8	EXCLUDED AREA SALARIES						8
9	SUBTOTAL SALARIES (LINE 7 MINUS LINE 8)						9
10	SUBTOTAL OTHER WAGES & REL COSTS						10
11	SUBTOTAL WAGE-RELATED COSTS						11
12	TOTAL (SUM OF LINES 9 THRU 11)						12
13	TOTAL OVERHEAD COSTS	5162743	124278	5287021	342389.00	15.44	13

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PROSPECTIVE PAYMENT FOR SNF
STATISTICAL DATA

WORKSHEET S-7

GROUP (1)	M3PI REVENUE CODE	SERVICES PRIOR TO OCTOBER 1st RATE	DAYS	SERVICES ON OR AFTER OCTOBER 1st RATE	DAYS	SERVICES THROUGH 4/1/2001 - 9/30/2001 RATE	DAYS	SWING BED SNF DAYS	TOTAL
1	2	3	3.01	4	4.01	4.02	4.03	4.06	5
1	RUC		58						1
2	RUB		52						2
3	RUA								3
3.01	RUX		5						3.01
3.02	RUL								3.02
4	RVC		224						4
5	RVB		581						5
6	RVA		110						6
6.01	RVX		102						6.01
6.02	RVL		373						6.02
7	RHC		646						7
8	RHB		510						8
9	RHA		330						9
9.01	RHX		722						9.01
9.02	RHL								9.02
10	RMC		62						10
11	RMB		208						11
12	RMA		50						12
12.01	RMX								12.01
12.02	RML		1752						12.02
13	RLB								13
14	RLA								14
14.01	RLX								14.01
15	SE3								15
16	SE2								16
17	SE1								17
18	SSC								18
19	SSB								19
20	SSA								20
21	CC2								21
22	CC1								22
23	CB2								23
24	CB1								24
25	CA2								25
26	CA1								26
27	IB2								27
28	IB1								28
29	IA2								29
30	IA1								30
31	BB2								31
32	BB1								32
33	BA2								33
34	BA1								34
35	PE2								35
36	PE1		10						36
37	PD2								37
38	PD1		31						38
39	PC2								39
40	PC1		4						40
41	PB2								41
42	PB1								42
43	PA2								43
44	PA1								44
45	DEFAULT RATE		3						45
46	TOTAL		5833						46

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HOSPITAL UNCOMPENSATED CARE DATA

WORKSHEET S-10

UNCOMPENSATED CARE INFORMATION

1	DO YOU HAVE A WRITTEN CHARITY CARE POLICY?	1
2	ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04	2
2.01	IS IT AT THE TIME OF ADMISSION?	2.01
2.02	IS IT AT THE TIME OF FIRST BILLING?	2.02
2.03	IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?	2.03
2.04	OTHER METHODS OF WRITE-OFFS (SPECIFY)	2.04
3	ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?	3
4	ARE CHARITY DETERMINATION BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?	4
5	ARE CHARITY DETERMINATION BASED UPON INCOME DATA ONLY?	5
6	ARE CHARITY DETERMINATION BASED UPON NET WORTH DATA?	6
7	ARE CHARITY DETERMINATION BASED UPON INCOME AND NET WORTH DATA?	7
8	DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01	8
8.01	DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?	8.01
9	IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04	9
9.01	IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?	9.01
9.02	IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?	9.02
9.03	IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?	9.03
9.04	IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?	9.04
10	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE-OFF?	10
11	IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER LINES 11 THRU 11.04	11
11.01	IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?	11.01
11.02	IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?	11.02
11.03	IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?	11.03
11.04	IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?	11.04
12	ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?	12
13	IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?	13
14	IS YOUR HOSPITAL STATE AND LOCAL GOVERNMENT OWNED? IF YES ANSWER LINE 14.01	14
14.01	DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THE GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING UNCOMPENSATED CARE?	14.01
14.02	WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?	14.02
15	DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?	15
16	ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?	16
17	REVENUE RELATED TO UNCOMPENSATED CARE	17
17.01	GROSS MEDICAID REVENUES	7732111 17.01
18	REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS	18
19	REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)	19
20	RESTRICTED GRANTS	20
21	NON-RESTRICTED GRANTS	21
22	TOTAL GROSS UNCOMPENSATED CARE REVENUES	7732111 22
23	TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS	23
24	COST TO CHARGE RATIO	0.394374 24
25	TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST	25
26	TOTAL SCHIP CHARGES FROM YOUR RECORDS	26
27	TOTAL SCHIP COST	27
28	TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS	22765419 28
29	TOTAL GROSS MEDICAID COST	8978089 29
30	OTHER UNCOMPENSATED CARE CHARGES (FROM YOUR RECORDS)	7042395 30
31	UNCOMPENSATED CARE COST	2777337 31
32	TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL	8978089 32

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RECLASSIFICATION AND ADJUSTMENT OF TRIAL BALANCE OF EXPENSES

WORKSHEET A

	COST CENTER	SALARIES 1	OTHER 2	TOTAL 3	RECLASSI- FICATIONS 4	RECLASS. TRIAL BALANCE 5	ADJUST- MENTS 6	NET EXP FOR ALLOCATION 7	
	GENERAL SERVICE COST CENTERS								
1	0100 OLD CAP REL COSTS-BLDG & FIXT								1
2	0200 OLD CAP REL COSTS-MVBLE EQUIP								2
3	0300 NEW CAP REL COSTS-BLDG & FIXT		3709393	3709393	1009752	4719145	1043689	5762834	3
3.01	0301 NEW CAPITAL RELATED IRC		544314	544314		544314	-87703	456611	3.01
4	0400 NEW CAP REL COSTS-MVBLE EQUIP								4
5	0500 EMPLOYEE BENEFITS		3641986	3641986	557259	4199245	-326932	3872313	5
6	0600 ADMINISTRATIVE & GENERAL	877228	14690512	15567740	159753	15727493	-3300354	12427139	6
7	0700 MAINTENANCE & REPAIRS								7
8	0800 OPERATION OF PLANT	685926	2176967	2862893		2862893	-163696	2699197	8
8.01	0801 OPERATION OF PLANT IRC		270245	270245		270245	-79224	191021	8.01
9	0900 LAUNDRY & LINEN SERVICE	74794	316829	391623		391623	-176047	215576	9
10	1000 HOUSEKEEPING	681384	490328	1171712		1171712	-312251	859461	10
11	1100 DIETARY	522111	1131469	1653580		1653580	-319585	1333995	11
12	1200 CAFETERIA								12
12.01	1201 EMPLOYEE CAFETERIA								12.01
13	1300 MAINTENANCE OF PERSONNEL								13
14	1400 NURSING ADMINISTRATION	766865	123196	890061		890061		890061	14
15	1500 CENTRAL SERVICES & SUPPLY	277799	354035	631834	-196115	435719	-491	435228	15
16	1600 PHARMACY	1082121	2016219	3098340	-1028265	1270075	-481	1269594	16
17	1700 MEDICAL RECORDS & LIBRARY		3811	3811		3811		3811	17
18	1800 SOCIAL SERVICE	194515	19942	214457		214457		214457	18
20	2000 NONPHYSICIAN ANESTHETISTS								20
21	2100 NURSING SCHOOL								21
22	2200 I&R SERVICES-SALARY & FRINGES A								22
23	2300 I&R SERVICES-OTHER PRGM COSTS A								23
24	2400 PARAMED ED PRGM-(SPECIFY)								24
	INPATIENT ROUTINE SERV COST CENTERS								
25	2500 ADULTS & PEDIATRICS	4871266	949767	5821033	-391199	5429834	-81710	5348124	25
26	2600 INTENSIVE CARE UNIT	745856	139336	885192		885192		885192	26
33	3300 NURSERY				391199	391199		391199	33
34	3400 SKILLED NURSING FACILITY	856651	400612	1257263		1257263	-23739	1233524	34
35	3500 NURSING FACILITY	1570107	1435492	3005599	-991420	2014179	-294790	1719389	35
36	3600 OTHER LONG TERM CARE								36
	ANCILLARY SERVICE COST CENTERS								
37	3700 OPERATING ROOM	1434915	4390344	5825259	-3361489	2463770	-130619	2333151	37
40	4000 ANESTHESIOLOGY		60350	60350		60350	165	60515	40
41	4100 RADIOLOGY-DIAGNOSTIC	1308224	662831	1971055		1971055	-197622	1773433	41
44	4400 LABORATORY	1643360	2340106	3983466	-120455	3863011	-210305	3652706	44
46.30	4650 BLOOD CLOTTING FACTORS ADMIN CO								46.30
49	4900 RESPIRATORY THERAPY	864114	473764	1337878		1337878	-45900	1291978	49
50	5000 PHYSICAL THERAPY	818507	403062	1221569	-48401	1173168	-64146	1109022	50
53.01	53140 CARDIAC REHAB	340046	123429	463475	-36632	426843	-7770	419073	53.01
53.02	5300 CARDIAC CATH LAB	429991	1668767	2098758	-1389236	709522	-1242	708280	53.02
55	5500 MEDICAL SUPPLIES CHARGED TO PAT				4946840	4946840		4946840	55
56	5600 DRUGS CHARGED TO PATIENTS				1766484	1766484		1766484	56
	OUTPATIENT SERVICE COST CENTERS								
60	6000 CLINIC	43719	8182	51901		51901		51901	60
61	6100 EMERGENCY	1425412	3366728	4792140		4792140	-2978568	1813572	61
62	6200 OBSERVATION BEDS (NON-DISTINCT								62
63.50	6310 RHC								63.50
63.60	6320 FQHC								63.60
	OTHER REIMBURSABLE COST CENTERS								
65	6500 AMBULANCE SERVICES	1115881	415262	1531143		1531143	-952852	578291	65
69.10	6910 CMHC								69.10
69.20	6920 OUTPATIENT PHYSICAL THERAPY								69.20
69.30	6930 OUTPATIENT OCCUPATIONAL THERAPY								69.30
69.40	6940 OUTPATIENT SPEECH PATHOLOGY								69.40
71	7100 HOME HEALTH AGENCY								71
	SPECIAL PURPOSE COST CENTERS								
85.01	8510 PANCREAS ACQUISITION								85.01
85.02	8520 INTESTINAL ACQUISITION								85.02
85.03	8530 ISLET CELL ACQUISITION								85.03
88	8800 INTEREST EXPENSE		659005	659005	-659005				88
95	SUBTOTALS	22630792	46986283	69617075	-190930	69426145	-8712173	60713972	95
	NONREIMBURSABLE COST CENTERS								
96	9600 GIFT, FLOWER, COFFEE SHOP & CAN		45685	45685		45685		45685	96
98	9800 PHYSICIANS' PRIVATE OFFICES		190451	190451	190930	381381		381381	98
98.01	9801 NON-REIMBURSABLE								98.01
98.02	9802 CADS								98.02
98.03	9803 CROSSTOWN SQUARE	103454	1116107	1219561		1219561	-43603	1175958	98.03
101	TOTAL	22734246	48338526	71072772		71072772	-8755776	62316996	101

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RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	INCREASE LINE #	SALARY	OTHER	
1	2	3	4	5		
1 WORKMENS COMPENSATION	A	EMPLOYEE BENEFITS	5		557259	1
2	A					2
3 LEASE EXPENSE - LARSON CENTER	B	NEW CAP REL COSTS-BLDG & FIXT	3		455037	3
4 LEASE EXPENSE - LARSON CENTER	B					4
5 LEASE EXPENSE - LARSON CENTER	B					5
6 LEASE EXPENSE - LARSON CENTER	B					6
7 LEASE EXPENSE - LARSON CENTER	B					7
8 POB DEPRECIATION	C	PHYSICIANS' PRIVATE OFFICES	98		104290	8
9						9
10 INTEREST EXPENSE	D	NEW CAP REL COSTS-BLDG & FIXT	3		659005	10
11						11
12 AUXILLIARY EXPENSES	E	PHYSICIANS' PRIVATE OFFICES	98	83168	3472	12
13						13
14						14
15						15
16						16
17 NURSING HOME OVERHEAD COSTS	F	ADMINISTRATIVE & GENERAL	6	207446	734364	17
18						18
19 NURSERY COSTS	H	NURSERY	33	325555	65644	19
20 CHARGEABLE SUPPLIES	I	MEDICAL SUPPLIES CHARGED TO P	55		196115	20
21 CHARGEABLE DRUGS	J	DRUGS CHARGED TO PATIENTS	56		1766484	21
22						22
23						23
24 CHARGABLE SUPPLIES	M	MEDICAL SUPPLIES CHARGED TO P	55		4750725	24
25	M					25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				616169	9292395	36

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RECLASSIFICATIONS

WORKSHEET A-6
 PAGE 1

EXPLANATION OF RECLASSIFICATION ENTRY	CODE	COST CENTER	DECREASE LINE #	SALARY	OTHER	WKST A-7 REF.
1	6	7	8	9	10	
1 WORKMENS COMPENSATION	A	ADMINISTRATIVE & GENERAL	6		507649	1
2	A	NURSING FACILITY	35		49610	2
3 LEASE EXPENSE - LARSON CENTER	B	ADMINISTRATIVE & GENERAL	6		187768	9 3
4 LEASE EXPENSE - LARSON CENTER	B	PHARMACY	16		61781	4
5 LEASE EXPENSE - LARSON CENTER	B	LABORATORY	44		120455	5
6 LEASE EXPENSE - LARSON CENTER	B	PHYSICAL THERAPY	50		48401	6
7 LEASE EXPENSE - LARSON CENTER	B	CARDIAC REHAB	53.01		36632	7
8 POB DEPRECIATION	C	NEW CAP REL COSTS-BLDG & FIXT	3		104290	9 8
9						9
10 INTEREST EXPENSE	D	INTEREST EXPENSE	88		659005	11 10
11						11
12 AUXILLIARY EXPENSES	E	ADMINISTRATIVE & GENERAL	6	83168	3472	12
13						13
14						14
15						15
16						16
17 NURSING HOME OVERHEAD COSTS	F	NURSING FACILITY	35	207446	734364	17
18						18
19 NURSERY COSTS	H	ADULTS & PEDIATRICS	25	325555	65644	19
20 CHARGEABLE SUPPLIES	I	CENTRAL SERVICES & SUPPLY	15		196115	20
21 CHARGEABLE DRUGS	J	PHARMACY	16		1766484	21
22						22
23						23
24 CHARGABLE SUPPLIES	M	OPERATING ROOM	37		3361489	24
25	M	CARDIAC CATH LAB	53.02		1389236	25
26						26
27						27
28						28
29						29
30						30
31						31
32						32
33						33
34						34
35						35
36 TOTAL RECLASSIFICATIONS				616169	9292395	36

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ANALYSIS OF CHANGES DURING COST REPORTING
 PERIOD IN CAPITAL ASSET BALANCES OF HOSPITAL
 AND HOSPITAL HEALTH CARE COMPLEX CERTIFIED
 TO PARTICIPATE IN HEALTH CARE PROGRAMS

WORKSHEET A-7
 PARTS I & II

PART I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND								1
2 LAND IMPROVEMENTS								2
3 BUILDINGS AND FIXTURES								3
4 BUILDING IMPROVEMENTS								4
5 FIXED EQUIPMENT								5
6 MOVABLE EQUIPMENT								6
7 SUBTOTAL								7
8 RECONCILING ITEMS								8
9 TOTAL								9

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION	BEGINNING BALANCES 1	----- ACQUISITIONS -----			DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7	
		PURCHASE 2	DONATION 3	TOTAL 4				
1 LAND	437269					437269		1
2 LAND IMPROVEMENTS	66312	11028		11028		77340		2
3 BUILDINGS AND FIXTURES	8722990					8722990		3
4 BUILDING IMPROVEMENTS	26815958	933360		933360		27749318		4
5 FIXED EQUIPMENT	10004772					10004772		5
6 MOVABLE EQUIPMENT	22421810				48592	22373218		6
7 SUBTOTAL	68469111	944388		944388	48592	69364907		7
8 RECONCILING ITEMS								8
9 TOTAL	68469111	944388		944388	48592	69364907		9

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PART III - RECONCILIATION OF CAPITAL COST CENTERS

WORKSHEET A-7
PARTS III & IV

DESCRIPTION	----- COMPUTATION OF RATIOS -----				----- ALLOCATION OF OTHER CAPITAL -----			
	GROSS ASSETS	CAPITALIZED LEASES	GROSS ASSETS FOR RATIO	RATIO	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	1	2	3	4	5	6	7	8
1 OLD CAP REL COSTS-BLDG & FIXT				.000000				1
2 OLD CAP REL COSTS-MVBLE EQUIP				.000000				2
3 NEW CAP REL COSTS-BLDG & FIXT				.000000				3
3.01 NEW CAPITAL RELATED IRC				.000000				3.01
4 NEW CAP REL COSTS-MVBLE EQUIP				.000000				4
5 TOTAL				.000000				5

DESCRIPTION	----- SUMMARY OF OLD AND NEW CAPITAL -----						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	5103829		659005				5762834 3
3.01 NEW CAPITAL RELATED IRC	456611						456611 3.01
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 TOTAL	5560440		659005				6219445 5

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

DESCRIPTION	----- SUMMARY OF OLD AND NEW CAPITAL -----						
	DEPREC-IATION	LEASE	INTEREST	INSURANCE	TAXES	OTHER CAPITAL-RELATED COSTS	TOTAL
	9	10	11	12	13	14	15
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	3709393						3709393 3
3.01 NEW CAPITAL RELATED IRC	544314						544314 3.01
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 TOTAL	4253707						4253707 5

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

EXPENSE CLASSIFICATION ON WORKSHEET A TO/
FROM WHICH THE AMOUNT IS TO BE ADJUSTED

DESCRIPTION	BASIS 1	AMOUNT 2	COST CENTER 3	LINE NO. 4	WKST A-7 REF 5
1 INVESTMENT INCOME-OLD BLDGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	1
2 INVESTMENT INCOME-OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	2
3 INVESTMENT INCOME-NEW BLDGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	3
4 INVESTMENT INCOME-NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	4
5 INVESTMENT INCOME-OTHER				5	5
6 TRADE, QUANTITY, AND TIME DISCOUNTS	B	-6932	ADMINISTRATIVE & GENERAL	6	6
7 REFUNDS AND REBATES OF EXPENSES				7	7
8 RENTAL OF PROVIDER SPACE BY SUPPLIERS				8	8
9 TELEPHONE SERVICES (PAY STATIONS EXCL)				9	9
10 TELEVISION AND RADIO SERVICE				10	10
11 PARKING LOT				11	11
12 PROVIDER-BASED PHYSICIAN ADJUSTMENT	WKST				
	A-8-2	-3334412			12
13 SALE OF SCRAP, WASTE, ETC.					13
14 RELATED ORGANIZATION TRANSACTIONS	WKST				
	A-8-1	-1851972			14
15 LAUNDRY AND LINEN SERVICE					15
16 CAFETERIA - EMPLOYEES AND GUESTS	B	-253834	DIETARY	11	16
17 RENTAL OF QUARTERS TO EMPLOYEES & OTHERS					17
18 SALE OF MEDICAL AND SURGICAL SUPPLIES TO OTHER THAN PATIENTS					18
19 SALE OF DRUGS TO OTHER THAN PATIENTS					19
20 SALE OF MEDICAL RECORDS AND ABSTRACTS					20
21 NURSING SCHOOL (TUITION, FEES, BOOKS, ETC.)					21
22 VENDING MACHINES	B	-15595	DIETARY	11	22
23 INCOME FROM IMPOSITION OF INTEREST, FINANCE OR PENALTY CHARGES					23
24 INTEREST EXP ON MEDICARE OVERPAYMENTS & BORROWINGS TO REPAY MEDICARE OVERPAYMENT					24
25 ADJ FOR RESPIRATORY THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		RESPIRATORY THERAPY	49	25
	A-8-4				
26 ADJ FOR PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST		PHYSICAL THERAPY	50	26
	A-8-4				
27 ADJ FOR HHA PHYSICAL THERAPY COSTS IN EXCESS OF LIMITATION	WKST				
	A-8-3		HOME HEALTH AGENCY	71	27
28 UTIL REVIEW-PHYSICIANS' COMPENSATION			UTILIZATION REVIEW-SNF	89	28
29 DEPRECIATION--OLD BUILDINGS & FIXTURES			OLD CAP REL COSTS-BLDG & FIXT	1	29
30 DEPRECIATION--OLD MOVABLE EQUIPMENT			OLD CAP REL COSTS-MVBLE EQUIP	2	30
31 DEPRECIATION--NEW BUILDINGS & FIXTURES			NEW CAP REL COSTS-BLDG & FIXT	3	31
32 DEPRECIATION--NEW MOVABLE EQUIPMENT			NEW CAP REL COSTS-MVBLE EQUIP	4	32
33 NON-PHYSICIAN ANESTHETIST			NONPHYSICIAN ANESTHETISTS	20	33
34 PHYSICIANS' ASSISTANT					34
35 ADJ FOR OCCUPATIONAL THERAPY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				35
36 ADJ FOR SPEECH PATHOLOGY COSTS IN EXCESS OF LIMITATION - HOSPITAL	WKST				
	WKST A-8-4				36
37 MANAGEMENT SERVICES	B	-13545	HOUSEKEEPING	10	37
38 MISC/OTHER REVENUE	B	-12921	DIETARY	11	38
39 OUTREACH REV	B	165	ANESTHESIOLOGY	40	39
39.01 RENTAL INCOME	B	-75419	ADMINISTRATIVE & GENERAL	6	39.01
39.03 MISCELLANEOUS REVENUE	B	-195	RESPIRATORY THERAPY	49	39.03
39.04 MISC/OTHER REVENUE	B	-3748	RADIOLOGY-DIAGNOSTIC	41	39.04
39.05 MISC/OTHER REVENUE	B	-19796	LABORATORY	44	39.05
39.07 MISC/OTHER REVENUE	B	-545	PHYSICAL THERAPY	50	39.07
39.08 MISC/OTHER REVENUE	B	-45900	ADMINISTRATIVE & GENERAL	6	39.08
39.09 OTHER REVENUE	B	-174840	LAUNDRY & LINEN SERVICE	9	39.09
39.11 MISC/OTHER REVENUE	B	-163696	OPERATION OF PLANT	8	39.11
39.13 MISC/OTHER REVENUE	B	-49730	ADULTS & PEDIATRICS	25	39.13
39.14 MISC/OTHER REVENUE	B	600	RADIOLOGY-DIAGNOSTIC	41	39.14
39.15 INTEREST INCOME IRC	B	-77141	NEW CAPITAL RELATED IRC	3.01	9 39.15
40 INTEREST INCOME	B	-372412	NEW CAP REL COSTS-BLDG & FIXT	3	9 40
40.02 MISC REV LAB	B	-1994	LABORATORY	44	40.02
40.04 CLINICAL NUTRITION REVENUE	B	-37235	DIETARY	11	40.04
40.06 TRAUMA MISC REV	B	-38972	EMERGENCY	61	40.06
40.07 MISC/OTHER REVENUE	B	-15200	PHYSICAL THERAPY	50	40.07
40.08 CARDIAC MISC	B	-7770	CARDIAC REHAB	53.01	40.08
40.09 NH INTEREST INCOME	B	-10562	NEW CAPITAL RELATED IRC	3.01	9 40.09
40.10 NURSING HOME REVENUE HSKPG	B	-785	HOUSEKEEPING	10	40.10
40.11 AMBULANCE REVENUE	B	-952852	AMBULANCE SERVICES	65	40.11
40.12 ACCOUNTING FEES CROSTOWN SQUARE	A	-43603	CROSTOWN SQUARE	98.03	40.12
40.13 MISC IT REV	B	-14908	ADMINISTRATIVE & GENERAL	6	40.13
40.14 MISC BIRTH ASSOC REV	B	-4040	ADULTS & PEDIATRICS	25	40.14
40.15 MISC LAUNDRY REV	B	-1207	LAUNDRY & LINEN SERVICE	9	40.15
40.16 MISC GRANTS 1 REV	B	-9390	ADMINISTRATIVE & GENERAL	6	40.16
40.17 MISC SWITCHBOARD REV	B	-2943	ADMINISTRATIVE & GENERAL	6	40.17
40.18 MISC MGMT FEES	B	-3000	ADMINISTRATIVE & GENERAL	6	40.18

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ADJUSTMENTS TO EXPENSES

WORKSHEET A-8

DESCRIPTION	BASIS 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/ FROM WHICH THE AMOUNT IS TO BE ADJUSTED		WKST A-7 REF 5
			COST CENTER 3	LINE NO. 4	
40.19 MISC GAINS ON SALES	B	-2289	ADMINISTRATIVE & GENERAL	6	40.19
40.20 MISC PT RENTAL INC	B	-48401	PHYSICAL THERAPY	50	40.20
40.21 MISC IRC ADMIN	B	-183	ADMINISTRATIVE & GENERAL	6	40.21
41 ELIMINATE CONTRACT FEES	A	-297921	HOUSEKEEPING	10	41
41.01 ELIMINATE CONTRACT FEES	A	-23739	SKILLED NURSING FACILITY	34	41.01
41.06 ELIMINATE CONTRACT FEES	A	-38880	NURSING FACILITY	35	41.06
41.07 ELIMINATE CONTRACT FEES	A	-79224	OPERATION OF PLANT IRC	8.01	41.07
41.09 NURSING HOME RELATED PARTY ACCTG	A	-255910	NURSING FACILITY	35	41.09
41.10 DONATIONS	A	-5000	ADMINISTRATIVE & GENERAL	6	41.10
41.11 DONATIONS	A	-1242	CARDIAC CATH LAB	53.02	41.11
41.12 DONATIONS	A	-491	CENTRAL SERVICES & SUPPLY	15	41.12
41.13 SATELLITE LOSSES	A	-22569	ADMINISTRATIVE & GENERAL	6	41.13
41.14 LOBBYING FEES PORTION OF DUES	A	-29508	ADMINISTRATIVE & GENERAL	6	41.14
42					42
43 ADVERTISING	A	-7158	ADMINISTRATIVE & GENERAL	6	43
44 SELF-INSURANCE	A	-326932	EMPLOYEE BENEFITS	5	44
45					45
46					46
47					47
48					48
49					49
50 TOTAL		-8753776			50

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STATEMENT OF COSTS OF SERVICES FROM RELATED ORGANIZATIONS AND HOME OFFICE COSTS

WORKSHEET A-8-1

A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT (INCL IN WKST A, COL 5)	NET ADJ-USTMENTS	WKST A-7 REF	
1	2	3	4	5	6	7	
1	6	ADMINISTRATIVE & GENERAL	GHS OVERHEAD	5086219	10049233	-4963014	1
2							2
3	3	NEW CAP REL COSTS-BLDG & FIXT	GHS POOLED CAPITAL	1416101		1416101	9 3
4							4
4.02	6	ADMINISTRATIVE & GENERAL	GHS FUNCTIONAL COSTS	1889415		1889415	4.02
4.03	41	RADIOLOGY-DIAGNOSTIC	GHS SHARED COSTS		194474	-194474	4.03
5		TOTALS		8391735	10243707	-1851972	5

B. INTERRELATIONSHIP OF RELATED ORGANIZATION(S) AND/OR HOME OFFICE:

THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(b) (1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THE INFORMATION IS USED BY THE HEALTH CARE FINANCING ADMINISTRATION AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

----- RELATED ORGANIZATION(S) AND/OR HOME OFFICE -----						
SYMBOL (1)	NAME	PERCENT OF OWNERSHIP	NAME	PERCENT OF OWNERSHIP	TYPE OF BUSINESS	
1	2	3	4	5	6	
1	C	GENESIS HEALTH SYSTEM	100.00		HOME OFFICE	1
2						2
3						3
4						4
5						5

(1) USE THE FOLLOWING SYMBOLS TO INDICATE THE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP, OR OTHER ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN RELATED ORGANIZATION.
- INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR, OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY:

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUNERA- TION INCL FRINGES	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNAD- JUSTED RCE LIMIT	PERCENT OF UNAD- JUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
1 44	LABORATORY	LAB	188515	188515				
2 49	RESPIRATORY THERAPY	RESP THERAPY	45705	45705				
3 61	EMERGENCY	ER	2939596	2939596				
4 25	ADULTS & PEDIATRICS	OB SERVICES	27940	27940				
5 37	OPERATING ROOM	OPERATING ROOM	130619	130619				
6 6	ADMINISTRATIVE & GENERAL	ADMIN AND GENERAL	1638		1637	171400	1	82
7 16	PHARMACY	PHARMACY	563		563	171400	1	82
101	TOTAL		3334576	3332375	2200		2	164

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PROVIDER-BASED PHYSICIAN ADJUSTMENTS

WORKSHEET A-8-2

WKST A	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIP & CONTIN. EDUCATION	PROVIDER COMPONENT SHARE OF COLUMN 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COLUMN 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUST- MENT
LINE NO. 10	11	12	13	14	15	16	17	18
1 44	LABORATORY	LAB						188515
2 49	RESPIRATORY THERAPY	RESP THERAPY						45705
3 61	EMERGENCY	ER						2939596
4 25	ADULTS & PEDIATRICS	OB SERVICES						27940
5 37	OPERATING ROOM	OPERATING ROOM						130619
6 6	ADMINISTRATIVE & GENERAL	ADMIN AND GENERAL				82	1555	1556
7 16	PHARMACY	PHARMACY				82	481	481
101	TOTAL					164	2036	3334412

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION	NET EXP FOR COST ALLOCATION 0	NEW CAP BLDGS & FIXTURES 3	NEW CAPITA L RELATED IRC 3.01	EMPLOYEE BENEFITS 5	SUBTOTAL 5A	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	OPERATION OF PLANT I RC 8.01
GENERAL SERVICE COST CENTERS								
1 OLD CAP REL COSTS-BLDG & FIXT								1
2 OLD CAP REL COSTS-MVBLE EQUIP								2
3 NEW CAP REL COSTS-BLDG & FIXT	5762834	5762834						3
3.01 NEW CAPITAL RELATED IRC	456611		456611					3.01
4 NEW CAP REL COSTS-MVBLE EQUIP								4
5 EMPLOYEE BENEFITS	3872313	15529		3887842				5
6 ADMINISTRATIVE & GENERAL	12427139	1458095		171271	14056505	14056505		6
7 MAINTENANCE & REPAIRS								7
8 OPERATION OF PLANT	2699197	602567		117302	3419066	1021104	4440170	8
8.01 OPERATION OF PLANT IRC	191021		19872		210893	62983		8.01
9 LAUNDRY & LINEN SERVICE	215576	66388	1604	12791	296359	88508	79957	1006
10 HOUSEKEEPING	859461	30282	3508	116526	1009777	301570	36472	2200
11 DIETARY	1333995	146447		89288	1569730	468800	176380	
12 CAFETERIA		81307			81307	24282	97926	
12.01 EMPLOYEE CAFETERIA								12.01
13 MAINTENANCE OF PERSONNEL								13
14 NURSING ADMINISTRATION	890061	20022		131144	1041227	310962	24114	
15 CENTRAL SERVICES & SUPPLY	435228	185465		47507	668200	199558	223373	
16 PHARMACY	1269594	43898		185057	1498549	447542	52871	
17 MEDICAL RECORDS & LIBRARY	3811	76316			80127	23930	91914	
18 SOCIAL SERVICE	214457	30615		33265	278337	83125	36873	
20 NONPHYSICIAN ANESTHETISTS								
21 NURSING SCHOOL								
22 I&R SERVICES-SALARY & FRINGES A								
23 I&R SERVICES-OTHER PRGM COSTS A								
24 PARAMED ED PRGM-(SPECIFY)								
INPATIENT ROUTINE SERV COST CENTERS								
25 ADULTS & PEDIATRICS	5348124	1187275		777365	7312764	2183950	1429947	
26 INTENSIVE CARE UNIT	885192	103714		127551	1116457	333430	124912	
33 NURSERY	391199	60149		55674	507022	151422	72443	
34 SKILLED NURSING FACILITY	1233524		72729	146498	1452751	433864		45608
35 NURSING FACILITY	1719389		320182	233033	2272604	678713		200783
36 OTHER LONG TERM CARE								
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM	2333151	446663		245389	3025203	903477	537959	
40 ANESTHESIOLOGY	60515				60515	18073		
41 RADIOLOGY-DIAGNOSTIC	1773433	250688		223723	2247844	671319	301927	
44 LABORATORY	3652706	219935		281036	4153677	1240496	264888	
46.30 BLOOD CLOTTING FACTORS ADMIN CO								
49 RESPIRATORY THERAPY	1291978	77980		147775	1517733	453271	93918	
50 PHYSICAL THERAPY	1109022		27970	139975	1276967	381366		17540
53.01 CARDIAC REHAB	419073	163835		58152	641060	191453	197322	
53.02 CARDIAC CATH LAB	708280	66776		73534	848590	253431	80425	
55 MEDICAL SUPPLIES CHARGED TO PAT	4946840				4946840	1477374		
56 DRUGS CHARGED TO PATIENTS	1766484				1766484	527560		
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC	51901			7477	59378	17733		
61 EMERGENCY	1813572	231443		243764	2288779	683544	278748	
62 OBSERVATION BEDS (NON-DISTINCT								
63.50 RHC								
63.60 FQHC								
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES	578291	133137		190830	902258	269459	160349	
69.10 CMHC								
69.20 OUTPATIENT PHYSICAL THERAPY								
69.30 OUTPATIENT OCCUPATIONAL THERAPY								
69.40 OUTPATIENT SPEECH PATHOLOGY								
71 HOME HEALTH AGENCY								
SPECIAL PURPOSE COST CENTERS								
85.01 PANCREAS ACQUISITION								
85.02 INTESTINAL ACQUISITION								
85.03 ISLET CELL ACQUISITION								
95 SUBTOTALS	60713972	5698526	445865	3855927	60607003	13902299	4362718	267137
NONREIMBURSABLE COST CENTERS								
96 GIFT, FLOWER, COFFEE SHOP & CAN	45685	44231	3136		93052	27790	53271	1967
98 PHYSICIANS' PRIVATE OFFICES	381381	20077		14223	415681	124143	24181	
98.01 NON-REIMBURSABLE			7610		7610	2273		4772
98.02 CADS								
98.03 CROSSTOWN SQUARE	1175958			17692	1193650			
101 CROSS FOOT ADJUSTMENTS								
102 NEGATIVE COST CENTER								
103 TOTAL	62316996	5762834	456611	3887842	62316996	14056505	4440170	273876

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
PART I

COST CENTER DESCRIPTION		LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	
GENERAL SERVICE COST CENTERS										1
1	OLD CAP REL COSTS-BLDG & FIXT									2
2	OLD CAP REL COSTS-MVBLE EQUIP									3
3	NEW CAP REL COSTS-BLDG & FIXT									3.01
3.01	NEW CAPITAL RELATED IRC									4
4	NEW CAP REL COSTS-MVBLE EQUIP									5
5	EMPLOYEE BENEFITS									6
6	ADMINISTRATIVE & GENERAL									7
7	MAINTENANCE & REPAIRS									8
8	OPERATION OF PLANT									8.01
8.01	OPERATION OF PLANT IRC									9
9	LAUNDRY & LINEN SERVICE	465830								10
10	HOUSEKEEPING	45211	1395230							11
11	DIETARY		47977	2262887						12
12	CAFETERIA		26637	786197	1016349					12.01
12.01	EMPLOYEE CAFETERIA									13
13	MAINTENANCE OF PERSONNEL									14
14	NURSING ADMINISTRATION		6559		1000	1383862				15
15	CENTRAL SERVICES & SUPPLY	3591	60759		1307		1156788			16
16	PHARMACY		14381		1951		11037	2026331		17
17	MEDICAL RECORDS & LIBRARY		25001						220972	18
18	SOCIAL SERVICE		10030		468					20
20	NONPHYSICIAN ANESTHETISTS									21
21	NURSING SCHOOL									22
22	I&R SERVICES-SALARY & FRINGES A									23
23	I&R SERVICES-OTHER PRGM COSTS A									24
24	PARAMED ED PRGM-(SPECIFY)									25
	INPATIENT ROUTINE SERV COST CENTERS									26
25	ADULTS & PEDIATRICS	130419	388956	362851	243595	538252	41536		24247	27
26	INTENSIVE CARE UNIT	11105	33977	23090	27025	59715	5893		3689	28
33	NURSERY	11151	19705		38611	85316			1852	33
34	SKILLED NURSING FACILITY	22515	74577	173390	63496				3825	34
35	NURSING FACILITY	102271	104866	804210	125494				7634	35
36	OTHER LONG TERM CARE									36
	ANCILLARY SERVICE COST CENTERS									37
37	OPERATING ROOM	47430	146328	47688	57741	127585	81047		21487	40
40	ANESTHESIOLOGY						2769	20086	3168	41
41	RADIOLOGY-DIAGNOSTIC	19972	82126		69085		44309		34448	44
44	LABORATORY	476	72051		106834	236062	138012		26429	46.30
46.30	BLOOD CLOTTING FACTORS ADMIN CO									49
49	RESPIRATORY THERAPY	3223	25546		50780		11501		13582	50
50	PHYSICAL THERAPY	4964	28681		18987		402		4831	53.01
53.01	CARDIAC REHAB		53673		18339		796		951	53.02
53.02	CARDIAC CATH LAB	1995	21876		16153		12863		7487	55
55	MEDICAL SUPPLIES CHARGED TO PAT						771236		23161	56
56	DRUGS CHARGED TO PATIENTS							2001685	17521	60
	OUTPATIENT SERVICE COST CENTERS									61
60	CLINIC	818			2191		1		84	62
61	EMERGENCY	36143	75821		71072	157042	29069		22399	63.50
62	OBSERVATION BEDS (NON-DISTINCT									63.60
63.50	RHC									65
63.60	FQHC									69.10
	OTHER REIMBURSABLE COST CENTERS									69.20
65	AMBULANCE SERVICES	32	43616		81413	179890	6317	4560	4177	69.30
69.10	CMHC									69.40
69.20	OUTPATIENT PHYSICAL THERAPY									71
69.30	OUTPATIENT OCCUPATIONAL THERAPY									85.01
69.40	OUTPATIENT SPEECH PATHOLOGY									85.02
71	HOME HEALTH AGENCY									85.03
	SPECIAL PURPOSE COST CENTERS									95
85.01	PANCREAS ACQUISITION									96
85.02	INTESTINAL ACQUISITION									98
85.03	ISLET CELL ACQUISITION									98.01
95	SUBTOTALS	441316	1363143	2197426	995542	1383862	1156788	2026331	220972	98.02
	NONREIMBURSABLE COST CENTERS									98.03
96	GIFT, FLOWER, COFFEE SHOP & CAN		17706		7562					101
98	PHYSICIANS' PRIVATE OFFICES	8351	6577		2290					102
98.01	NON-REIMBURSABLE		7804		1397					103
98.02	CADS			65461						
98.03	CROSSTOWN SQUARE	16163			9558					
101	CROSS FOOT ADJUSTMENTS									
102	NEGATIVE COST CENTER									
103	TOTAL	465830	1395230	2262887	1016349	1383862	1156788	2026331	220972	

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COST ALLOCATION - GENERAL SERVICE COSTS

WORKSHEET B
 PART I

COST CENTER DESCRIPTION		SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
		18	25	26	27	
GENERAL SERVICE COST CENTERS						
1	OLD CAP REL COSTS-BLDG & FIXT					1
2	OLD CAP REL COSTS-MVBLE EQUIP					2
3	NEW CAP REL COSTS-BLDG & FIXT					3
3.01	NEW CAPITAL RELATED IRC					3.01
4	NEW CAP REL COSTS-MVBLE EQUIP					4
5	EMPLOYEE BENEFITS					5
6	ADMINISTRATIVE & GENERAL					6
7	MAINTENANCE & REPAIRS					7
8	OPERATION OF PLANT					8
8.01	OPERATION OF PLANT IRC					8.01
9	LAUNDRY & LINEN SERVICE					9
10	HOUSEKEEPING					10
11	DIETARY					11
12	CAFETERIA					12
12.01	EMPLOYEE CAFETERIA					12.01
13	MAINTENANCE OF PERSONNEL					13
14	NURSING ADMINISTRATION					14
15	CENTRAL SERVICES & SUPPLY					15
16	PHARMACY					16
17	MEDICAL RECORDS & LIBRARY					17
18	SOCIAL SERVICE	408833				18
20	NONPHYSICIAN ANESTHETISTS					20
21	NURSING SCHOOL					21
22	I&R SERVICES-SALARY & FRINGES A					22
23	I&R SERVICES-OTHER PRGM COSTS A					23
24	PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS	235326	12891843		12891843	25
26	INTENSIVE CARE UNIT	8610	1747903		1747903	26
33	NURSERY	24513	912035		912035	33
34	SKILLED NURSING FACILITY		2270026		2270026	34
35	NURSING FACILITY		4296575		4296575	35
36	OTHER LONG TERM CARE					36
ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM	123045	5118990		5118990	37
40	ANESTHESIOLOGY		104611		104611	40
41	RADIOLOGY-DIAGNOSTIC		3471030		3471030	41
44	LABORATORY		6238925		6238925	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO					46.30
49	RESPIRATORY THERAPY		2169554		2169554	49
50	PHYSICAL THERAPY		1733738		1733738	50
53.01	CARDIAC REHAB		1103594		1103594	53.01
53.02	CARDIAC CATH LAB		1242820		1242820	53.02
55	MEDICAL SUPPLIES CHARGED TO PAT		7218611		7218611	55
56	DRUGS CHARGED TO PATIENTS		4313250		4313250	56
OUTPATIENT SERVICE COST CENTERS						
60	CLINIC		80205		80205	60
61	EMERGENCY	17339	3659956		3659956	61
62	OBSERVATION BEDS (NON-DISTINCT					62
63.50	RHC					63.50
63.60	FQHC					63.60
OTHER REIMBURSABLE COST CENTERS						
65	AMBULANCE SERVICES		1652071		1652071	65
69.10	CMHC					69.10
69.20	OUTPATIENT PHYSICAL THERAPY					69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40	OUTPATIENT SPEECH PATHOLOGY					69.40
71	HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS						
85.01	PANCREAS ACQUISITION					85.01
85.02	INTESTINAL ACQUISITION					85.02
85.03	ISLET CELL ACQUISITION					85.03
95	SUBTOTALS	408833	60225737		60225737	95
NONREIMBURSABLE COST CENTERS						
96	GIFT, FLOWER, COFFEE SHOP & CAN		201348		201348	96
98	PHYSICIANS' PRIVATE OFFICES		581223		581223	98
98.01	NON-REIMBURSABLE		23856		23856	98.01
98.02	CADS		65461		65461	98.02
98.03	CROSSTOWN SQUARE		1219371		1219371	98.03
101	CROSS FOOT ADJUSTMENTS					101
102	NEGATIVE COST CENTER					102
103	TOTAL	408833	62316996		62316996	103

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

COST CENTER DESCRIPTION		DIR ASSGND CAP-REL COSTS 0	NEW CAP BLDGS & FIXTURES 3	NEW CAPITA L RELATED IRC 3.01	CAP REL COST TO BE ALLOC 4A	EMPLOYEE BENEFITS 5	ADMINIS- TRATIVE & GENERAL 6	OPERATION OF PLANT 8	OPERATION OF PLANT I RC 8.01
1	GENERAL SERVICE COST CENTERS								1
2	OLD CAP REL COSTS-BLDG & FIXT								2
3	OLD CAP REL COSTS-MVBLE EQUIP								3
3.01	NEW CAP REL COSTS-BLDG & FIXT								3.01
4	NEW CAP REL COSTS-MVBLE EQUIP								4
5	EMPLOYEE BENEFITS		15529		15529	15529			5
6	ADMINISTRATIVE & GENERAL		1458095		1458095	684	1458779		6
7	MAINTENANCE & REPAIRS								7
8	OPERATION OF PLANT		602567		602567	468	105971	709006	8
8.01	OPERATION OF PLANT IRC			19872	19872		6536		8.01
9	LAUNDRY & LINEN SERVICE		66388	1604	67992	51	9185	12768	9
10	HOUSEKEEPING		30282	3508	33790	465	31297	5824	10
11	DIETARY		146447		146447	357	48652	28164	11
12	CAFETERIA		81307		81307		2520	15637	12
12.01	EMPLOYEE CAFETERIA								12.01
13	MAINTENANCE OF PERSONNEL								13
14	NURSING ADMINISTRATION		20022		20022	524	32272	3851	14
15	CENTRAL SERVICES & SUPPLY		185465		185465	190	20710	35668	15
16	PHARMACY		43898		43898	739	46446	8442	16
17	MEDICAL RECORDS & LIBRARY		76316		76316		2483	14677	17
18	SOCIAL SERVICE		30615		30615	133	8627	5888	18
20	NONPHYSICIAN ANESTHETISTS								20
21	NURSING SCHOOL								21
22	I&R SERVICES-SALARY & FRINGES A								22
23	I&R SERVICES-OTHER PRGM COSTS A								23
24	PARAMED ED PRGM-(SPECIFY)								24
25	INPATIENT ROUTINE SERV COST CENTERS								25
26	ADULTS & PEDIATRICS		1187275		1187275	3106	226642	228334	26
33	INTENSIVE CARE UNIT		103714		103714	509	34603	19946	33
34	NURSERY		60149		60149	222	15715	11568	34
35	SKILLED NURSING FACILITY			72729	72729	585	45027		35
36	NURSING FACILITY			320182	320182	931	70437		36
37	OTHER LONG TERM CARE								37
40	ANCILLARY SERVICE COST CENTERS								40
41	OPERATING ROOM		446663		446663	980	93763	85901	41
44	ANESTHESIOLOGY						1876		44
46.30	RADIOLOGY-DIAGNOSTIC		250688		250688	894	69670	48212	46.30
49	LABORATORY		219935		219935	1122	128739	42297	49
50	BLOOD CLOTTING FACTORS ADMIN CO								50
53.01	RESPIRATORY THERAPY		77980		77980	590	47041	14997	53.01
53.02	PHYSICAL THERAPY			27970	27970	559	39578		53.02
55	CARDIAC REHAB		163835		163835	232	19869	31508	55
56	CARDIAC CATH LAB		66776		66776	294	26301	12842	56
60	MEDICAL SUPPLIES CHARGED TO PAT						153322		60
61	DRUGS CHARGED TO PATIENTS						54750		61
62	OUTPATIENT SERVICE COST CENTERS								62
63.50	CLINIC					30	1840		63.50
63.60	EMERGENCY		231443		231443	974	70938	44511	63.60
65	OBSERVATION BEDS (NON-DISTINCT								65
69.10	RHC								69.10
69.20	FQHC								69.20
69.30	OTHER REIMBURSABLE COST CENTERS								69.30
69.40	AMBULANCE SERVICES		133137		133137	762	27965	25604	69.40
71	CMHC								71
85.01	OUTPATIENT PHYSICAL THERAPY								85.01
85.02	OUTPATIENT OCCUPATIONAL THERAPY								85.02
85.03	OUTPATIENT SPEECH PATHOLOGY								85.03
95	HOME HEALTH AGENCY								95
96	SPECIAL PURPOSE COST CENTERS								96
98	PANCREAS ACQUISITION								98
98.01	INTESTINAL ACQUISITION								98.01
98.02	ISLET CELL ACQUISITION								98.02
98.03	SUBTOTALS		5698526	445865	6144391	15401	1442775	696639	98.03
101	NONREIMBURSABLE COST CENTERS								101
102	GIFT, FLOWER, COFFEE SHOP & CAN		44231	3136	47367		2884	8506	102
103	PHYSICIANS' PRIVATE OFFICES		20077		20077	57	12884	3861	103
	NON-REIMBURSABLE			7610	7610		236		
	CADS					71			
	CROSSTOWN SQUARE								
	CROSS FOOT ADJUSTMENTS								
	NEGATIVE COST CENTER								
	TOTAL		5762834	456611	6219445	15529	1458779	709006	26408

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ALLOCATION OF NEW CAPITAL RELATED COSTS

WORKSHEET B
PART III

COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE 9	HOUSE- KEEPING 10	DIETARY 11	CAFETERIA 12	NURSING ADMINIS- TRATION 14	CENTRAL SERVICES & SUPPLY 15	PHARMACY 16	MEDICAL RECORDS & LIBRARY 17	
GENERAL SERVICE COST CENTERS									1
1 OLD CAP REL COSTS-BLDG & FIXT									2
2 OLD CAP REL COSTS-MVBLE EQUIP									3
3 NEW CAP REL COSTS-BLDG & FIXT									3.01
3.01 NEW CAPITAL RELATED IRC									4
4 NEW CAP REL COSTS-MVBLE EQUIP									5
5 EMPLOYEE BENEFITS									6
6 ADMINISTRATIVE & GENERAL									7
7 MAINTENANCE & REPAIRS									8
8 OPERATION OF PLANT									8.01
8.01 OPERATION OF PLANT IRC									9
9 LAUNDRY & LINEN SERVICE	90093								10
10 HOUSEKEEPING	8744	80332							11
11 DIETARY		2762	226382						12
12 CAFETERIA		1534	78652	179650					12.01
12.01 EMPLOYEE CAFETERIA									13
13 MAINTENANCE OF PERSONNEL									14
14 NURSING ADMINISTRATION		378		177	57224				15
15 CENTRAL SERVICES & SUPPLY	695	3498		231		246457			16
16 PHARMACY		828		345		2351	103049		17
17 MEDICAL RECORDS & LIBRARY		1439						94915	18
18 SOCIAL SERVICE		577		83					20
20 NONPHYSICIAN ANESTHETISTS									21
21 NURSING SCHOOL									22
22 I&R SERVICES-SALARY & FRINGES A									23
23 I&R SERVICES-OTHER PRGM COSTS A									24
24 PARAMED ED PRGM-(SPECIFY)									25
INPATIENT ROUTINE SERV COST CENTERS									26
25 ADULTS & PEDIATRICS	25223	22395	36300	43058	22257	8849		10423	27
26 INTENSIVE CARE UNIT	2148	1956	2310	4777	2469	1255		1586	28
33 NURSERY	2157	1135		6825	3528			796	33
34 SKILLED NURSING FACILITY	4355	4294	17346	11224				1644	34
35 NURSING FACILITY	19779	6038	80454	22182				3281	35
36 OTHER LONG TERM CARE									36
ANCILLARY SERVICE COST CENTERS									37
37 OPERATING ROOM	9173	8425	4771	10206	5276	17267		9236	40
40 ANESTHESIOLOGY						590	1021	1362	41
41 RADIOLOGY-DIAGNOSTIC	3863	4729		12211		9440		14737	44
44 LABORATORY	92	4148		18884	9761	29404		11361	46.30
46.30 BLOOD CLOTTING FACTORS ADMIN CO									49
49 RESPIRATORY THERAPY	623	1471		8976		2450		5838	50
50 PHYSICAL THERAPY	960	1651		3356		86		2077	53.01
53.01 CARDIAC REHAB		3090		3242		169		409	53.02
53.02 CARDIAC CATH LAB	386	1260		2855		2740		3218	55
55 MEDICAL SUPPLIES CHARGED TO PAT						164317		9956	56
56 DRUGS CHARGED TO PATIENTS							101796	7531	60
OUTPATIENT SERVICE COST CENTERS									61
60 CLINIC	158			387				36	62
61 EMERGENCY	6990	4366		12563	6494	6193		9628	63.50
62 OBSERVATION BEDS (NON-DISTINCT									63.60
63.50 RHC									65
63.60 FQHC									69.10
OTHER REIMBURSABLE COST CENTERS									69.20
65 AMBULANCE SERVICES	6	2511		14390	7439	1346	232	1796	69.30
69.10 CMHC									69.40
69.20 OUTPATIENT PHYSICAL THERAPY									71
69.30 OUTPATIENT OCCUPATIONAL THERAPY									85.01
69.40 OUTPATIENT SPEECH PATHOLOGY									85.02
71 HOME HEALTH AGENCY									85.03
SPECIAL PURPOSE COST CENTERS									95
85.01 PANCREAS ACQUISITION									96
85.02 INTESTINAL ACQUISITION									98
85.03 ISLET CELL ACQUISITION									98.01
95 SUBTOTALS	85352	78485	219833	175972	57224	246457	103049	94915	98.02
NONREIMBURSABLE COST CENTERS									98.03
96 GIFT, FLOWER, COFFEE SHOP & CAN		1019		1337					101
98 PHYSICIANS' PRIVATE OFFICES	1615	379		405					102
98.01 NON-REIMBURSABLE		449		247					103
98.02 CADS			6549						
98.03 CROSSTOWN SQUARE	3126			1689					
101 CROSS FOOT ADJUSTMENTS									
102 NEGATIVE COST CENTER									
103 TOTAL	90093	80332	226382	179650	57224	246457	103049	94915	

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COST CENTER DESCRIPTION		SOCIAL SERVICE	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
		18	25	26	27	
GENERAL SERVICE COST CENTERS						
1	OLD CAP REL COSTS-BLDG & FIXT					1
2	OLD CAP REL COSTS-MVBLE EQUIP					2
3	NEW CAP REL COSTS-BLDG & FIXT					3
3.01	NEW CAPITAL RELATED IRC					3.01
4	NEW CAP REL COSTS-MVBLE EQUIP					4
5	EMPLOYEE BENEFITS					5
6	ADMINISTRATIVE & GENERAL					6
7	MAINTENANCE & REPAIRS					7
8	OPERATION OF PLANT					8
8.01	OPERATION OF PLANT IRC					8.01
9	LAUNDRY & LINEN SERVICE					9
10	HOUSEKEEPING					10
11	DIETARY					11
12	CAFETERIA					12
12.01	EMPLOYEE CAFETERIA					12.01
13	MAINTENANCE OF PERSONNEL					13
14	NURSING ADMINISTRATION					14
15	CENTRAL SERVICES & SUPPLY					15
16	PHARMACY					16
17	MEDICAL RECORDS & LIBRARY					17
18	SOCIAL SERVICE	45923				18
20	NONPHYSICIAN ANESTHETISTS					20
21	NURSING SCHOOL					21
22	I&R SERVICES-SALARY & FRINGES A					22
23	I&R SERVICES-OTHER PRGM COSTS A					23
24	PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS						
25	ADULTS & PEDIATRICS	26434	1840296		1840296	25
26	INTENSIVE CARE UNIT	967	176240		176240	26
33	NURSERY	2753	104848		104848	33
34	SKILLED NURSING FACILITY		161602		161602	34
35	NURSING FACILITY		542644		542644	35
36	OTHER LONG TERM CARE					36
ANCILLARY SERVICE COST CENTERS						
37	OPERATING ROOM	13821	705482		705482	37
40	ANESTHESIOLOGY		4849		4849	40
41	RADIOLOGY-DIAGNOSTIC		414444		414444	41
44	LABORATORY		465743		465743	44
46.30	BLOOD CLOTTING FACTORS ADMIN CO					46.30
49	RESPIRATORY THERAPY		159966		159966	49
50	PHYSICAL THERAPY		77928		77928	50
53.01	CARDIAC REHAB		222354		222354	53.01
53.02	CARDIAC CATH LAB		116672		116672	53.02
55	MEDICAL SUPPLIES CHARGED TO PAT		327595		327595	55
56	DRUGS CHARGED TO PATIENTS		164077		164077	56
OUTPATIENT SERVICE COST CENTERS						
60	CLINIC		2451		2451	60
61	EMERGENCY	1948	396048		396048	61
62	OBSERVATION BEDS (NON-DISTINCT					62
63.50	RHC					63.50
63.60	FQHC					63.60
OTHER REIMBURSABLE COST CENTERS						
65	AMBULANCE SERVICES		215188		215188	65
69.10	CMHC					69.10
69.20	OUTPATIENT PHYSICAL THERAPY					69.20
69.30	OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40	OUTPATIENT SPEECH PATHOLOGY					69.40
71	HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS						
85.01	PANCREAS ACQUISITION					85.01
85.02	INTESTINAL ACQUISITION					85.02
85.03	ISLET CELL ACQUISITION					85.03
95	SUBTOTALS	45923	6098427		6098427	95
NONREIMBURSABLE COST CENTERS						
96	GIFT, FLOWER, COFFEE SHOP & CAN		61303		61303	96
98	PHYSICIANS' PRIVATE OFFICES		39278		39278	98
98.01	NON-REIMBURSABLE		9002		9002	98.01
98.02	CADS		6549		6549	98.02
98.03	CROSSTOWN SQUARE		4886		4886	98.03
101	CROSS FOOT ADJUSTMENTS					101
102	NEGATIVE COST CENTER					102
103	TOTAL	45923	6219445		6219445	103

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COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET	NEW CAPITA L RELATED IRC SQUARE FEET	EMPLOYEE BENEFITS GROSS SALARIES	RECON- CILIATION 6A	ADMINIS- TRATIVE & GENERAL ACCUM COST	OPERATION OF PLANT SQUARE FEET	OPERATION OF PLANT I RC SQUARE FEET
	3	3.01	5		6	8	8.01
GENERAL SERVICE COST CENTERS							
1 OLD CAP REL COSTS-BLDG & FIXT							1
2 OLD CAP REL COSTS-MVBLE EQUIP							2
3 NEW CAP REL COSTS-BLDG & FIXT	207812						3
3.01 NEW CAPITAL RELATED IRC		51538					3.01
4 NEW CAP REL COSTS-MVBLE EQUIP							4
5 EMPLOYEE BENEFITS	560		22734246				5
6 ADMINISTRATIVE & GENERAL	52580		1001506	-14056505	47066841		6
7 MAINTENANCE & REPAIRS							7
8 OPERATION OF PLANT	21729		685926		3419066	132943	8
8.01 OPERATION OF PLANT IRC		2243			210893		8.01
9 LAUNDRY & LINEN SERVICE	2394	181	74794		296359	2394	9
10 HOUSEKEEPING	1092	396	681384		1009777	1092	10
11 DIETARY	5281		522111		1569730	5281	11
12 CAFETERIA	2932				81307	2932	12
12.01 EMPLOYEE CAFETERIA							12.01
13 MAINTENANCE OF PERSONNEL							13
14 NURSING ADMINISTRATION	722		766865		1041227	722	14
15 CENTRAL SERVICES & SUPPLY	6688		277799		668200	6688	15
16 PHARMACY	1583		1082121		1498549	1583	16
17 MEDICAL RECORDS & LIBRARY	2752				80127	2752	17
18 SOCIAL SERVICE	1104		194515		278337	1104	18
20 NONPHYSICIAN ANESTHETISTS							20
21 NURSING SCHOOL							21
22 I&R SERVICES-SALARY & FRINGES							22
23 I&R SERVICES-OTHER PRGM COSTS							23
24 PARAMED ED PRGM-(SPECIFY)							24
INPATIENT ROUTINE SERV COST CENTERS							
25 ADULTS & PEDIATRICS	42814		4545711		7312764	42814	25
26 INTENSIVE CARE UNIT	3740		745856		1116457	3740	26
33 NURSERY	2169		325555		507022	2169	33
34 SKILLED NURSING FACILITY		8209	856651		1452751		34
35 NURSING FACILITY		36139	1362661		2272604		35
36 OTHER LONG TERM CARE							36
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM	16107		1434915		3025203	16107	37
40 ANESTHESIOLOGY					60515		40
41 RADIOLOGY-DIAGNOSTIC	9040		1308224		2247844	9040	41
44 LABORATORY	7931		1643360		4153677	7931	44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY	2812		864114		1517733	2812	49
50 PHYSICAL THERAPY		3157	818507		1276967		50
53.01 CARDIAC REHAB	5908		340046		641060	5908	53.01
53.02 CARDIAC CATH LAB	2408		429991		848590	2408	53.02
55 MEDICAL SUPPLIES CHARGED TO P					4946840		55
56 DRUGS CHARGED TO PATIENTS					1766484		56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC			43719		59378		60
61 EMERGENCY	8346		1425412		2268779	8346	61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES	4801		1115881		902258	4801	65
69.10 CMHC							69.10
69.20 OUTPATIENT PHYSICAL THERAPY							69.20
69.30 OUTPATIENT OCCUPATIONAL THERA							69.30
69.40 OUTPATIENT SPEECH PATHOLOGY							69.40
71 HOME HEALTH AGENCY							71
SPECIAL PURPOSE COST CENTERS							
85.01 PANCREAS ACQUISITION							85.01
85.02 INTESTINAL ACQUISITION							85.02
85.03 ISLET CELL ACQUISITION							85.03
95 SUBTOTALS	205493	50325	22547624	-14056505	46550498	130624	48082
NONREIMBURSABLE COST CENTERS							
96 GIFT, FLOWER, COFFEE SHOP & C	1595	354			93052	1595	96
98 PHYSICIANS' PRIVATE OFFICES	724		83168		415681	724	98
98.01 NON-REIMBURSABLE		859			7610		859
98.02 CADS							98.02
98.03 CROSSTOWN SQUARE			103454	-1193650			98.03

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COST CENTER DESCRIPTION	NEW CAP BLDGS & FIXTURES SQUARE FEET 3	NEW CAPITA L RELATED IRC SQUARE FEET 3.01	EMPLOYEE BENEFITS GROSS SALARIES 5	RECON- CILIATION 6A	ADMINIS- TRATIVE & GENERAL ACCUM COST 6	OPERATION OF PLANT SQUARE FEET 8	OPERATION OF PLANT I RC SQUARE FEET 8.01	
101 CROSS FOOT ADJUSTMENTS								101
102 NEGATIVE COST CENTER								102
103 COST TO BE ALLOC PER B PT I	5762834	456611	3887842		14056505	4440170	273876	103
104 UNIT COST MULT-WS B PT I		8.859696				33.399051		104
104 UNIT COST MULT-WS B PT I	27.730997		.171013		.298650		5.555858	104
105 COST TO BE ALLOC PER B PT II								105
106 UNIT COST MULT-WS B PT II								106
106 UNIT COST MULT-WS B PT II								106
107 COST TO BE ALLOC PER B PT III			15529		1458779	709006	26408	107
108 UNIT COST MULT-WS B PT III						5.333158		108
108 UNIT COST MULT-WS B PT III			.000683		.030994		.535714	108

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COST CENTER DESCRIPTION	LAUNDRY & LINEN SERVICE POUNDS OF LAUNDRY 9	HOUSE- KEEPING SQUARE FEET 10	DIETARY MEALS SERVED 11	CAFETERIA FTE'S 12	NURSING ADMINIS- TRATION DIRECT NRSING HRS 14	CENTRAL SERVICES & SUPPLY COSTED REQUIS. 15	PHARMACY COSTED REQUIS. 16	MEDICAL RECORDS & LIBRARY GROSS REVENUE 17	
GENERAL SERVICE COST CENTERS									
1 OLD CAP REL COSTS-BLDG & FIXT									1
2 OLD CAP REL COSTS-MVBLE EQUIP									2
3 NEW CAP REL COSTS-BLDG & FIXT									3
3.01 NEW CAPITAL RELATED IRC									3.01
4 NEW CAP REL COSTS-MVBLE EQUIP									4
5 EMPLOYEE BENEFITS									5
6 ADMINISTRATIVE & GENERAL									6
7 MAINTENANCE & REPAIRS									7
8 OPERATION OF PLANT									8
8.01 OPERATION OF PLANT IRC									8.01
9 LAUNDRY & LINEN SERVICE	766718								9
10 HOUSEKEEPING	74413	153579							10
11 DIETARY		5281	301749						11
12 CAFETERIA		2932	104837	818347					12
12.01 EMPLOYEE CAFETERIA									12.01
13 MAINTENANCE OF PERSONNEL									13
14 NURSING ADMINISTRATION		722		805	504279				14
15 CENTRAL SERVICES & SUPPLY	5911	6688		1052		6895221			15
16 PHARMACY		1583		1571		65787	1613685		16
17 MEDICAL RECORDS & LIBRARY		2752						152712302	17
18 SOCIAL SERVICE		1104		377					18
20 NONPHYSICIAN ANESTHETISTS									20
21 NURSING SCHOOL									21
22 I&R SERVICES-SALARY & FRINGES									22
23 I&R SERVICES-OTHER PRGM COSTS									23
24 PARAMED ED PRGM-(SPECIFY)									24
INPATIENT ROUTINE SERV COST CENTERS									
25 ADULTS & PEDIATRICS	214659	42814	48385	196139	196139	247582		16756933	25
26 INTENSIVE CARE UNIT	18278	3740	3079	21760	21760	35124		2549120	26
33 NURSERY	18353	2169		31089	31089			1279990	33
34 SKILLED NURSING FACILITY	37058	8209	23121	51126				2643055	34
35 NURSING FACILITY	168329	11543	107239	101046				5275672	35
36 OTHER LONG TERM CARE									36
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM	78066	16107	6359	46492	46492	483094		14849291	37
40 ANESTHESIOLOGY						16507	15996	2189205	40
41 RADIOLOGY-DIAGNOSTIC	32873	9040		55626		264112		23809110	41
44 LABORATORY	783	7931		86021	86021	822638		18264502	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY	5305	2812		40887		68553		9386074	49
50 PHYSICAL THERAPY	8171	3157		15288		2398		3338925	50
53.01 CARDIAC REHAB		5908		14766		4742		657473	53.01
53.02 CARDIAC CATH LAB	3283	2408		13006		76670		5174227	53.02
55 MEDICAL SUPPLIES CHARGED TO P						4597077		16005936	55
56 DRUGS CHARGED TO PATIENTS							1594058	12108286	56
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC	1347			1764		8		58289	60
61 EMERGENCY	59489	8346		57226	57226	173273		15479494	61
62 OBSERVATION BEDS (NON-DISTINC									62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES	52	4801		65552	65552	37656	3631	2886720	65
69.10 CMHC									69.10
69.20 OUTPATIENT PHYSICAL THERAPY									69.20
69.30 OUTPATIENT OCCUPATIONAL THERA									69.30
69.40 OUTPATIENT SPEECH PATHOLOGY									69.40
71 HOME HEALTH AGENCY									71
SPECIAL PURPOSE COST CENTERS									
85.01 PANCREAS ACQUISITION									85.01
85.02 INTESTINAL ACQUISITION									85.02
85.03 ISLET CELL ACQUISITION									85.03
95 SUBTOTALS	726370	150047	293020	801593	504279	6895221	1613685	152712302	95
NONREIMBURSABLE COST CENTERS									
96 GIFT, FLOWER, COFFEE SHOP & C		1949		6089					96
98 PHYSICIANS' PRIVATE OFFICES	13745	724		1844					98
98.01 NON-REIMBURSABLE		859		1125					98.01
98.02 CADS			8729						98.02
98.03 CROSSTOWN SQUARE	26603			7696					98.03

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101 CROSS FOOT ADJUSTMENTS									101
102 NEGATIVE COST CENTER									102
103 COST TO BE ALLOC PER B PT I	465830	1395230	2262887	1016349	1383862	1156788	2026331	220972	103
104 UNIT COST MULT-WS B PT I	.607564		7.499236		2.744239		1.255717		104
104 UNIT COST MULT-WS B PT I		9.084771		1.241954		.167767		.001447	104
105 COST TO BE ALLOC PER B PT II									105
106 UNIT COST MULT-WS B PT II									106
106 UNIT COST MULT-WS B PT II									106
107 COST TO BE ALLOC PER B PT III	90093	80332	226382	179650	57224	246457	103049	94915	107
108 UNIT COST MULT-WS B PT III	.117505		.750233		.113477		.063859		108
108 UNIT COST MULT-WS B PT III		.523066		.219528		.035743		.000622	108

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	HOURS
18		
GENERAL SERVICE COST CENTERS		
1 OLD CAP REL COSTS-BLDG & FIXT		1
2 OLD CAP REL COSTS-MVBLE EQUIP		2
3 NEW CAP REL COSTS-BLDG & FIXT		3
3.01 NEW CAPITAL RELATED IRC		3.01
4 NEW CAP REL COSTS-MVBLE EQUIP		4
5 EMPLOYEE BENEFITS		5
6 ADMINISTRATIVE & GENERAL		6
7 MAINTENANCE & REPAIRS		7
8 OPERATION OF PLANT		8
8.01 OPERATION OF PLANT IRC		8.01
9 LAUNDRY & LINEN SERVICE		9
10 HOUSEKEEPING		10
11 DIETARY		11
12 CAFETERIA		12
12.01 EMPLOYEE CAFETERIA		12.01
13 MAINTENANCE OF PERSONNEL		13
14 NURSING ADMINISTRATION		14
15 CENTRAL SERVICES & SUPPLY		15
16 PHARMACY		16
17 MEDICAL RECORDS & LIBRARY		17
18 SOCIAL SERVICE	3419	18
20 NONPHYSICIAN ANESTHETISTS		20
21 NURSING SCHOOL		21
22 I&R SERVICES-SALARY & FRINGES		22
23 I&R SERVICES-OTHER PRGM COSTS		23
24 PARAMED ED PRGM-(SPECIFY)		24
INPATIENT ROUTINE SERV COST CENTERS		
25 ADULTS & PEDIATRICS	1968	25
26 INTENSIVE CARE UNIT	72	26
33 NURSERY	205	33
34 SKILLED NURSING FACILITY		34
35 NURSING FACILITY		35
36 OTHER LONG TERM CARE		36
ANCILLARY SERVICE COST CENTERS		
37 OPERATING ROOM	1029	37
40 ANESTHESIOLOGY		40
41 RADIOLOGY-DIAGNOSTIC		41
44 LABORATORY		44
46.30 BLOOD CLOTING FACTORS ADMIN		46.30
49 RESPIRATORY THERAPY		49
50 PHYSICAL THERAPY		50
53.01 CARDIAC REHAB		53.01
53.02 CARDIAC CATH LAB		53.02
55 MEDICAL SUPPLIES CHARGED TO P		55
56 DRUGS CHARGED TO PATIENTS		56
OUTPATIENT SERVICE COST CENTERS		
60 CLINIC		60
61 EMERGENCY	145	61
62 OBSERVATION BEDS (NON-DISTINC		62
63.50 RHC		63.50
63.60 FQHC		63.60
OTHER REIMBURSABLE COST CENTERS		
65 AMBULANCE SERVICES		65
69.10 CMHC		69.10
69.20 OUTPATIENT PHYSICAL THERAPY		69.20
69.30 OUTPATIENT OCCUPATIONAL THERA		69.30
69.40 OUTPATIENT SPEECH PATHOLOGY		69.40
71 HOME HEALTH AGENCY		71
SPECIAL PURPOSE COST CENTERS		
85.01 PANCREAS ACQUISITION		85.01
85.02 INTESTINAL ACQUISITION		85.02
85.03 ISLET CELL ACQUISITION		85.03
95 SUBTOTALS	3419	95
NONREIMBURSABLE COST CENTERS		
96 GIFT, FLOWER, COFFEE SHOP & C		96
98 PHYSICIANS' PRIVATE OFFICES		98
98.01 NON-REIMBURSABLE		98.01
98.02 CADS		98.02
98.03 CROSSTOWN SQUARE		98.03

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COST ALLOCATION - STATISTICAL BASIS

WORKSHEET B-1

COST CENTER DESCRIPTION	SOCIAL SERVICE	HOURS
		18
101 CROSS FOOT ADJUSTMENTS		
102 NEGATIVE COST CENTER		
103 COST TO BE ALLOC PER B PT I	408833	
104 UNIT COST MULT-WS B PT I	119.576777	
104 UNIT COST MULT-WS B PT I		
105 COST TO BE ALLOC PER B PT II		
106 UNIT COST MULT-WS B PT II		
106 UNIT COST MULT-WS B PT II		
107 COST TO BE ALLOC PER B PT III	45923	
108 UNIT COST MULT-WS B PT III	13.431705	
108 UNIT COST MULT-WS B PT III		

101
102
103
104
104
105
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106
106
107
108
108

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I

COST CENTER DESCRIPTION	TOTAL COST (FROM WKST B, PART I, COL 27) 1	THERAPY LIMIT ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5	
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	12891843		12891843		12891843	25
26 INTENSIVE CARE UNIT	1747903		1747903		1747903	26
33 NURSERY	912035		912035		912035	33
34 SKILLED NURSING FACILITY	2270026		2270026		2270026	34
35 NURSING FACILITY	4296575		4296575		4296575	35
36 OTHER LONG TERM CARE						36
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	5118990		5118990		5118990	37
40 ANESTHESIOLOGY	104611		104611		104611	40
41 RADIOLOGY-DIAGNOSTIC	3471030		3471030		3471030	41
44 LABORATORY	6238925		6238925		6238925	44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	2169554		2169554		2169554	49
50 PHYSICAL THERAPY	1733738		1733738		1733738	50
53.01 CARDIAC REHAB	1103594		1103594		1103594	53.01
53.02 CARDIAC CATH LAB	1242820		1242820		1242820	53.02
55 MEDICAL SUPPLIES CHARGED TO	7218611		7218611		7218611	55
56 DRUGS CHARGED TO PATIENTS	4313250		4313250		4313250	56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	80205		80205		80205	60
61 EMERGENCY	3659956		3659956		3659956	61
62 OBSERVATION BEDS (NON-DISTI	1610850		1610850		1610850	62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	1652071		1652071		1652071	65
101 SUBTOTAL	61836587		61836587		61836587	101
102 LESS OBSERVATION BEDS	1610850		1610850		1610850	102
103 TOTAL	60225737		60225737		60225737	103

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COMPUTATION OF RATIO OF COST TO CHARGES

WORKSHEET C
PART I (CONT)

COST CENTER DESCRIPTION	----- CHARGES -----			COST OR OTHER RATIO 9	TEFRA INPATIENT RATIO 10	PPS INPATIENT RATIO 11
	INPATIENT 6	OUTPATIENT 7	TOTAL 8			
INPATIENT ROUTINE SERV COST CENTERS						
25 ADULTS & PEDIATRICS	14489636		14489636			25
26 INTENSIVE CARE UNIT	2549120		2549120			26
33 NURSERY	1279990		1279990			33
34 SKILLED NURSING FACILITY	2643055		2643055			34
35 NURSING FACILITY	5275672		5275672			35
36 OTHER LONG TERM CARE						36
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	6476023	8373268	14849291	.344730	.344730	.344730 37
40 ANESTHESIOLOGY	931020	1258185	2189205	.047785	.047785	.047785 40
41 RADIOLOGY-DIAGNOSTIC	4333238	19475872	23809110	.145786	.145786	.145786 41
44 LABORATORY	5960011	12304491	18264502	.341587	.341587	.341587 44
46.30 BLOOD CLOTTING FACTORS ADMI						46.30
49 RESPIRATORY THERAPY	5561105	3824969	9386074	.231146	.231146	.231146 49
50 PHYSICAL THERAPY	2074211	1264714	3338925	.519250	.519250	.519250 50
53.01 CARDIAC REHAB	14120	643353	657473	1.678539	1.678539	1.678539 53.01
53.02 CARDIAC CATH LAB	2093274	3080953	5174227	.240194	.240194	.240194 53.02
55 MEDICAL SUPPLIES CHARGED TO	11681418	4324518	16005936	.450996	.450996	.450996 55
56 DRUGS CHARGED TO PATIENTS	8536447	3571839	12108286	.356223	.356223	.356223 56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1370	56919	58289	1.375989	1.375989	1.375989 60
61 EMERGENCY	2982933	12496561	15479494	.236439	.236439	.236439 61
62 OBSERVATION BEDS (NON-DISTI	243271	2024026	2267297	.710472	.710472	.710472 62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES		2886720	2886720	.572300	.572300	.572300 65
101 SUBTOTAL	77125914	75586388	152712302			101
102 LESS OBSERVATION BEDS						102
103 TOTAL	77125914	75586388	152712302			103

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

CHECK [] TITLE V
 APPLICABLE [XX] TITLE XVIII-PT A
 BOXES [] TITLE XIX

COST CENTER DESCRIPTION		OLD CAPITAL			NEW CAPITAL		
		CAPITAL RELATED COST 1	SWING-BED ADJUSTMENT 2	REDUCED CAPITAL RELATED COST 3	CAPITAL RELATED COST 4	SWING-BED ADJUSTMENT 5	REDUCED CAPITAL RELATED COST 6
25	INPAT ROUTINE SERV COST CTRS						
25	ADULTS & PEDIATRICS				1840296		1840296
26	INTENSIVE CARE UNIT				176240		176240
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE UNIT						
30	OTHER SPECIAL CARE (SPECIFY)						
31	SUBPROVIDER I						
33	NURSERY				104848		104848
101	TOTAL				2121384		2121384

COST CENTER DESCRIPTION		OLD CAPITAL			NEW CAPITAL		
		TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	PER DIEM 9	INPATIENT PROGRAM CAPITAL COST 10	PER DIEM 11	INPATIENT PROGRAM CAPITAL COST 12
25	INPAT ROUTINE SERV COST CTRS						
25	ADULTS & PEDIATRICS	15438	6702			119.21	798945
26	INTENSIVE CARE UNIT	932	632			189.10	119511
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE UNIT						
30	OTHER SPECIAL CARE (SPECIFY)						
31	SUBPROVIDER I						
33	NURSERY	1586				66.11	
101	TOTAL	17956	7334				918456

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0275) [] SUB III [XX] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [] TITLE XIX [] SUB II

COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	----- OLD CAPITAL ----- RATIO OF COST TO CHARGES 5	CAPITAL COSTS 6	----- NEW CAPITAL ----- RATIO OF COST TO CHARGES 7	CAPITAL COSTS 8	
ANCILLARY SERVICE COST CENTERS									
37 OPERATING ROOM		705482	14849291	2711325			.047509	128812	37
40 ANESTHESIOLOGY		4849	2189205	356198			.002215	789	40
41 RADIOLOGY-DIAGNOSTIC		414444	23809110	2131766			.017407	37108	41
44 LABORATORY		465743	18264502	3104650			.025500	79169	44
46.30 BLOOD CLOTTING FACTORS ADMIN									46.30
49 RESPIRATORY THERAPY		159966	9386074	3471625			.017043	59167	49
50 PHYSICAL THERAPY		77928	3338925	425037			.023339	9920	50
53.01 CARDIAC REHAB		222354	657473	8072			.338195	2730	53.01
53.02 CARDIAC CATH LAB		116672	5174227	1110708			.022549	25045	53.02
55 MEDICAL SUPPLIES CHARGED TO P		327595	16005936	6374285			.020467	130462	55
56 DRUGS CHARGED TO PATIENTS		164077	12108286	4101719			.013551	55582	56
OUTPATIENT SERVICE COST CENTERS									
60 CLINIC		2451	58289				.042049		60
61 EMERGENCY		396048	15479494	1597910			.025585	40883	61
62 OBSERVATION BEDS (NON-DISTINC		229947	2267297				.101419		62
63.50 RHC									63.50
63.60 FQHC									63.60
OTHER REIMBURSABLE COST CENTERS									
65 AMBULANCE SERVICES									65
101 TOTAL		3287556	123588109	25393295				569667	101

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART III

CHECK [] TITLE V
APPLICABLE [XX] TITLE XVIII-PT A
BOXES [] TITLE XIX

COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
INPAT ROUTINE SERV COST CTRS					15438		6702	25
25 ADULTS & PEDIATRICS					932		632	26
26 INTENSIVE CARE UNIT								27
27 CORONARY CARE UNIT								28
28 BURN INTENSIVE CARE UNIT								29
29 SURGICAL INTENSIVE CARE UNIT								30
30 OTHER SPECIAL CARE (SPECIFY)								31
31 SUBPROVIDER I								33
33 NURSERY					1586			34
34 SKILLED NURSING FACILITY					7250		5833	35
35 NURSING FACILITY					32695			101
101 TOTAL					57901		13167	

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0275)	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST 1	COST 1.01	COST 2				
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53.01 CARDIAC REHAB							53.01
53.02 CARDIAC CATH LAB							53.02
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL							101

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK [] TITLE V [XX] HOSPITAL (14-0275) [] SUB IV [] PPS
 APPLICABLE [XX] TITLE XVIII-PT A [] SUB I [] SNF [] TEFRA
 BOXES [] TITLE XIX [] SUB II [] NF
 [] SUB III [] ICF/MR

COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		14849291			2711325		2536071 37
40 ANESTHESIOLOGY		2189205			356198		301968 40
41 RADIOLOGY-DIAGNOSTIC		23809110			2131766		4405829 41
44 LABORATORY		18264502			3104650		336912 44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		9386074			3471625		1210728 49
50 PHYSICAL THERAPY		3338925			425037		50
53.01 CARDIAC REHAB		657473			8072		256111 53.01
53.02 CARDIAC CATH LAB		5174227			1110708		1581729 53.02
55 MEDICAL SUPPLIES CHARGED TO P		16005936			6374285		1913017 55
56 DRUGS CHARGED TO PATIENTS		12108286			4101719		1037023 56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		58289					168 60
61 EMERGENCY		15479494			1597910		2075289 61
62 OBSERVATION BEDS (NON-DISTINC		2267297					727927 62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL		123588109			25393295		16382772 101

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0275)	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
53.01 CARDIAC REHAB						53.01
53.02 CARDIAC CATH LAB						53.02
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES						65
101 TOTAL						101

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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
PARTS V & VI

CHECK	[]	TITLE V - O/P	[XX]	HOSPITAL (14-0275)	[]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[]	SUB I	[]	NF
BOXES	[]	TITLE XIX - O/P	[]	SUB II	[]	S/B-SNF
			[]	SUB III	[]	S/B-NF
			[]	SUB IV	[]	ICF/MR

COST CENTER DESCRIPTION	COST TO CHARGE RATIO FROM WORKSHEET C,			PROGRAM CHARGES		
	PART II	PART I	PART II	OUTPATIENT	OUTPATIENT	OTHER
	COL. 8	COL. 9	COL. 9	AMBULATORY	RADIOLOGY	OUTPATIENT
	1	1.01	1.02	SURGICAL	3	DIAGNOSTIC
				CENTER		4
				2		
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM	.344730	.344730	.344730			37
40 ANESTHESIOLOGY	.047785	.047785	.047785			40
41 RADIOLOGY-DIAGNOSTIC	.145786	.145786	.145786			41
44 LABORATORY	.341587	.341587	.341587			44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY	.231146	.231146	.231146			49
50 PHYSICAL THERAPY	.519250	.519250	.519250			50
53.01 CARDIAC REHAB	1.678539	1.678539	1.678539			53.01
53.02 CARDIAC CATH LAB	.240194	.240194	.240194			53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.450996	.450996	.450996			55
56 DRUGS CHARGED TO PATIENTS	.356223	.356223	.356223			56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC	1.375989	1.375989	1.375989			60
61 EMERGENCY	.236439	.236439	.236439			61
62 OBSERVATION BEDS (NON-DISTINCT	.710472	.710472	.710472			62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES	.572300	.572300	.572300			65
65.01 AMBULANCE SERVICES (2ND PERIOD)	.572300	.572300				65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)	.572300	.572300				65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)	.572300	.572300				65.03
101 SUBTOTAL						101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES						104

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS - RATIO OF COST TO CHARGES	.356223	1
2	PROGRAM VACCINE CHARGES	6436	2
2.01	PROGRAM VACCINE CHARGES		2.01
3	PROGRAM COSTS	2293	3
3.01	PROGRAM COSTS		3.01

PROVIDER NO. 14-0275 ILLINI HOSPITAL
 PERIOD FROM 07/01/2007 TO 06/30/2008

KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (8/2002)

VERSION: 2008.05
 11/30/2008 22:35

APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK	[]	TITLE V - O/P	[XX]	HOSPITAL (14-0275)	[]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[]	SUB I	[]	NF
BOXES	[]	TITLE XIX - O/P	[]	SUB II	[]	S/B-SNF
			[]	SUB III	[]	S/B-NF
			[]	SUB IV	[]	ICF/MR

COST CENTER DESCRIPTION	PROGRAM CHARGES					PROGRAM COST		
	ALL	PPS SER-		PPS SER-	PPS SER-	OUTPATIENT		OTHER
	OTHER (1)	VICES	ALL OTHER	VICES	VICES	AMBULATORY	OUTPATIENT	OUTPATIENT
	(SEE	(SEE	(SEE	(SEE	(SEE	SURGICAL	RADIOLOGY	DIAGNOSTIC
	INSTRU.)	INSTRU.)	INSTRU.)	INSTRU.)	INSTRU.)	CENTER		
	5	5.01	5.02	5.03	5.04	6	7	8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		2536071						37
40 ANESTHESIOLOGY		301968						40
41 RADIOLOGY-DIAGNOSTIC		4405829						41
44 LABORATORY		336912						44
46.30 BLOOD CLOTTING FACTORS ADMIN C								46.30
49 RESPIRATORY THERAPY		1210728						49
50 PHYSICAL THERAPY								50
53.01 CARDIAC REHAB		256111						53.01
53.02 CARDIAC CATH LAB		1581729						53.02
55 MEDICAL SUPPLIES CHARGED TO PA		1913017	2496					55
56 DRUGS CHARGED TO PATIENTS		1037023	353					56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		168						60
61 EMERGENCY		2075289						61
62 OBSERVATION BEDS (NON-DISTINCT		727927						62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
65.01 AMBULANCE SERVICES (2ND PERIOD								65.01
65.02 AMBULANCE SERVICES (3RD PERIOD								65.02
65.03 AMBULANCE SERVICES (4TH PERIOD								65.03
101 SUBTOTAL		16382772	2849					101
102 CRNA CHARGES								102
103 PBP CLINIC LAB								103
104 NET CHARGES		16382772	2849					104

PROVIDER NO. 14-0275 ILLINI HOSPITAL
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KPMG LLP COMPU-MAX MICRO SYSTEM
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VERSION: 2008.05
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APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES AND VACCINE COST

WORKSHEET D
 PARTS V & VI

CHECK	[]	TITLE V - O/P	[XX]	HOSPITAL (14-0275)	[]	SNF
APPLICABLE	[XX]	TITLE XVIII-PT B	[]	SUB I	[]	NF
BOXES	[]	TITLE XIX - O/P	[]	SUB II	[]	S/B-SNF
			[]	SUB III	[]	S/B-NF
			[]	SUB IV	[]	ICF/MR

COST CENTER DESCRIPTION	PROGRAM COST				HOSPITAL	HOSPITAL
		PPS		PPS	PPS	I/P PART B I/P PART B
	ALL OTHER (COLS 1x5) 9	SERVICES (COLUMNS 1.01x5.01) 9.01	ALL OTHER (COLUMNS 1.01x5.02) 9.02	SERVICES (COLUMNS 1.01x5.03) 9.03	SERVICES (COLUMNS 1.01x5.04) 9.04	CHARGES (SEE INSTRU.) 10
37 ANCILLARY SERVICE COST CENTERS						37
40 OPERATING ROOM		874260				40
41 ANESTHESIOLOGY		14430				41
44 RADIOLOGY-DIAGNOSTIC		642308				44
44 LABORATORY		115085				44
46.30 BLOOD CLOTTING FACTORS ADMIN CO						46.30
49 RESPIRATORY THERAPY		279855				49
50 PHYSICAL THERAPY						50
53.01 CARDIAC REHAB		429892				53.01
53.02 CARDIAC CATH LAB		379922				53.02
55 MEDICAL SUPPLIES CHARGED TO PAT		862763	1126			55
56 DRUGS CHARGED TO PATIENTS		369411	126			56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC		231				60
61 EMERGENCY		490679				61
62 OBSERVATION BEDS (NON-DISTINCT		517172				62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES						65
65.01 AMBULANCE SERVICES (2ND PERIOD)						65.01
65.02 AMBULANCE SERVICES (3RD PERIOD)						65.02
65.03 AMBULANCE SERVICES (4TH PERIOD)						65.03
101 SUBTOTAL		4976008	1252			101
102 CRNA CHARGES						102
103 LESS PBP CLINIC LAB SERV-PGM ONLY CHRGS						103
104 NET CHARGES		4976008	1252			104

PROVIDER NO. 14-0275 ILLINI HOSPITAL
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KPMG LLP COMPU-MAX MICRO SYSTEM
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	SUB I	[XX]	SNF (14-5703)	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST 1	COST 1.01	COST 2				
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53.01 CARDIAC REHAB							53.01
53.02 CARDIAC CATH LAB							53.02
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL							101

PROVIDER NO. 14-0275 ILLINI HOSPITAL
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	SUB I	[XX]	SNF (14-5703)	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		14849291					37
40 ANESTHESIOLOGY		2189205					40
41 RADIOLOGY-DIAGNOSTIC		23809110			19281		41
44 LABORATORY		18264502			62312		44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		9386074			462		49
50 PHYSICAL THERAPY		3338925			1148486		50
53.01 CARDIAC REHAB		657473					53.01
53.02 CARDIAC CATH LAB		5174227					53.02
55 MEDICAL SUPPLIES CHARGED TO P		16005936			71561		55
56 DRUGS CHARGED TO PATIENTS		12108286			285529		56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		58289					60
61 EMERGENCY		15479494					61
62 OBSERVATION BEDS (NON-DISTINC		2267297					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL		123588109			1587631		101

PROVIDER NO. 14-0275 ILLINI HOSPITAL
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[]	HOSPITAL	[]	SUB IV	[]	PPS
APPLICABLE	[XX]	TITLE XVIII-PT A	[]	SUB I	[XX]	SNF (14-5703)	[]	TEFRA
BOXES	[]	TITLE XIX	[]	SUB II	[]	NF		
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02	
ANCILLARY SERVICE COST CENTERS						
37 OPERATING ROOM						37
40 ANESTHESIOLOGY						40
41 RADIOLOGY-DIAGNOSTIC						41
44 LABORATORY						44
46.30 BLOOD CLOTTING FACTORS ADMIN						46.30
49 RESPIRATORY THERAPY						49
50 PHYSICAL THERAPY						50
53.01 CARDIAC REHAB						53.01
53.02 CARDIAC CATH LAB						53.02
55 MEDICAL SUPPLIES CHARGED TO P						55
56 DRUGS CHARGED TO PATIENTS						56
OUTPATIENT SERVICE COST CENTERS						
60 CLINIC						60
61 EMERGENCY						61
62 OBSERVATION BEDS (NON-DISTINC						62
63.50 RHC						63.50
63.60 FQHC						63.60
OTHER REIMBURSABLE COST CENTERS						
65 AMBULANCE SERVICES						65
101 TOTAL						101

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KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (9/97)

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE CAPITAL COSTS

WORKSHEET D
 PART I

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII-PT A
 BOXES [XX] TITLE XIX

		OLD CAPITAL			NEW CAPITAL		
		CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST	CAPITAL RELATED COST	SWING-BED ADJUSTMENT	REDUCED CAPITAL RELATED COST
		1	2	3	4	5	6
25	INPAT ROUTINE SERV COST CTRS				1840296		1840296
26	ADULTS & PEDIATRICS				176240		176240
27	INTENSIVE CARE UNIT						
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
30	SURGICAL INTENSIVE CARE UNIT						
31	OTHER SPECIAL CARE (SPECIFY)						
33	SUBPROVIDER I				104848		104848
33	NURSERY				2121384		2121384
101	TOTAL						

		OLD CAPITAL			NEW CAPITAL		
		TOTAL PATIENT DAYS	INPATIENT PROGRAM DAYS	PER DIEM	INPATIENT PROGRAM CAPITAL COST	PER DIEM	INPATIENT PROGRAM CAPITAL COST
		7	8	9	10	11	12
25	INPAT ROUTINE SERV COST CTRS	15438	2074			119.21	247242
26	ADULTS & PEDIATRICS	932	94			189.10	17775
27	INTENSIVE CARE UNIT						
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
30	SURGICAL INTENSIVE CARE UNIT						
31	OTHER SPECIAL CARE (SPECIFY)						
33	SUBPROVIDER I						
33	NURSERY	1586	953			66.11	63003
101	TOTAL	17956	3121				328020

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KPMG LLP COMPU-MAX MICRO SYSTEM
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE CAPITAL COSTS

WORKSHEET D
 PART II

CHECK [] TITLE V [XX] HOSPITAL (14-0275) [] SUB III [] PPS
 APPLICABLE [] TITLE XVIII-PT A [] SUB I [] SUB IV [] TEFRA
 BOXES [XX] TITLE XIX [] SUB II [XX] OTHER

COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPATIENT PROGRAM CHARGES 4	OLD CAPITAL RATIO OF COST TO CHARGES 5	NEW CAPITAL RATIO OF COST TO CHARGES 7	CAPITAL COSTS 6	CAPITAL COSTS 8
ANCILLARY SERVICE COST CENTERS								
37 OPERATING ROOM		705482	14849291			.047509		37
40 ANESTHESIOLOGY		4849	2189205			.002215		40
41 RADIOLOGY-DIAGNOSTIC		414444	23809110			.017407		41
44 LABORATORY		465743	18264502			.025500		44
46.30 BLOOD CLOTTING FACTORS ADMIN								46.30
49 RESPIRATORY THERAPY		159966	9386074			.017043		49
50 PHYSICAL THERAPY		77928	3338925			.023339		50
53.01 CARDIAC REHAB		222354	657473			.338195		53.01
53.02 CARDIAC CATH LAB		116672	5174227			.022549		53.02
55 MEDICAL SUPPLIES CHARGED TO P		327595	16005936			.020467		55
56 DRUGS CHARGED TO PATIENTS		164077	12108286			.013551		56
OUTPATIENT SERVICE COST CENTERS								
60 CLINIC		2451	58289			.042049		60
61 EMERGENCY		396048	15479494			.025585		61
62 OBSERVATION BEDS (NON-DISTINC		229947	2267297			.101419		62
63.50 RHC								63.50
63.60 FQHC								63.60
OTHER REIMBURSABLE COST CENTERS								
65 AMBULANCE SERVICES								65
101 TOTAL		3287556	123588109					101

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KPMG LLP COMPU-MAX MICRO SYSTEM
 IN LIEU OF FORM CMS-2552-96 (11/98)

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APPORTIONMENT OF INPATIENT ROUTINE SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART III

CHECK [] TITLE V
 APPLICABLE [] TITLE XVIII-PT A
 BOXES [XX] TITLE XIX

	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST COST 1	MEDICAL EDUCATION COST 2	SWING-BED ADJUSTMENT AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6	INPATIENT PROGRAM DAYS 7	INPATIENT PROGRAM PASS THRU COSTS 8
	INPAT ROUTINE SERV COST CTRS								
25	ADULTS & PEDIATRICS					15438		2074	25
26	INTENSIVE CARE UNIT					932		94	26
27	CORONARY CARE UNIT								27
28	BURN INTENSIVE CARE UNIT								28
29	SURGICAL INTENSIVE CARE UNIT								29
30	OTHER SPECIAL CARE (SPECIFY)								30
31	SUBPROVIDER I								31
33	NURSERY					1586		953	33
34	SKILLED NURSING FACILITY					7250			34
35	NURSING FACILITY					32695			35
101	TOTAL					57901		3121	101

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0275)	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT			N/A	N/A	N/A	TOTAL COSTS
	NONPHYSICIAN ANESTHETIST	NONPHYSICIAN ANESTHETIST	MEDICAL EDUCATION				
	COST 1	COST 1.01	COST 2				
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM							37
40 ANESTHESIOLOGY							40
41 RADIOLOGY-DIAGNOSTIC							41
44 LABORATORY							44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY							49
50 PHYSICAL THERAPY							50
53.01 CARDIAC REHAB							53.01
53.02 CARDIAC CATH LAB							53.02
55 MEDICAL SUPPLIES CHARGED TO P							55
56 DRUGS CHARGED TO PATIENTS							56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC							60
61 EMERGENCY							61
62 OBSERVATION BEDS (NON-DISTINC							62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL							101

PROVIDER NO. 14-0275 ILLINI HOSPITAL
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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0275)	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PASS THROUGH COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	OUTPATIENT RATIO OF COST TO CHARGES 5.01	INPATIENT PROGRAM CHARGES 6	INPATIENT PROGRAM PASS THROUGH COSTS 7	OUTPATIENT PROGRAM CHARGES 8
ANCILLARY SERVICE COST CENTERS							
37 OPERATING ROOM		14849291					37
40 ANESTHESIOLOGY		2189205					40
41 RADIOLOGY-DIAGNOSTIC		23809110					41
44 LABORATORY		18264502					44
46.30 BLOOD CLOTTING FACTORS ADMIN							46.30
49 RESPIRATORY THERAPY		9386074					49
50 PHYSICAL THERAPY		3338925					50
53.01 CARDIAC REHAB		657473					53.01
53.02 CARDIAC CATH LAB		5174227					53.02
55 MEDICAL SUPPLIES CHARGED TO P		16005936					55
56 DRUGS CHARGED TO PATIENTS		12108286					56
OUTPATIENT SERVICE COST CENTERS							
60 CLINIC		58289					60
61 EMERGENCY		15479494					61
62 OBSERVATION BEDS (NON-DISTINC		2267297					62
63.50 RHC							63.50
63.60 FQHC							63.60
OTHER REIMBURSABLE COST CENTERS							
65 AMBULANCE SERVICES							65
101 TOTAL		123588109					101

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APPORTIONMENT OF INPATIENT ANCILLARY SERVICE OTHER PASS THROUGH COSTS

WORKSHEET D
 PART IV

CHECK	[]	TITLE V	[XX]	HOSPITAL (14-0275)	[]	SUB IV	[]	PPS
APPLICABLE	[]	TITLE XVIII-PT A	[]	SUB I	[]	SNF	[]	TEFRA
BOXES	[XX]	TITLE XIX	[]	SUB II	[]	NF	[]	OTHER
			[]	SUB III	[]	ICF/MR		

COST CENTER DESCRIPTION	OUTPATIENT PROGRAM CHARGES 8.01	OUTPATIENT PROGRAM CHARGES 8.02	OUTPATIENT PROGRAM PASS THROUGH COSTS 9	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.01	OUTPATIENT PROGRAM PASS THROUGH COSTS 9.02
ANCILLARY SERVICE COST CENTERS					37
37 OPERATING ROOM					40
40 ANESTHESIOLOGY					41
41 RADIOLOGY-DIAGNOSTIC					44
44 LABORATORY					46.30
46.30 BLOOD CLOTTING FACTORS ADMIN					49
49 RESPIRATORY THERAPY					50
50 PHYSICAL THERAPY					53.01
53.01 CARDIAC REHAB					53.02
53.02 CARDIAC CATH LAB					55
55 MEDICAL SUPPLIES CHARGED TO P					56
56 DRUGS CHARGED TO PATIENTS					
OUTPATIENT SERVICE COST CENTERS					60
60 CLINIC					61
61 EMERGENCY					62
62 OBSERVATION BEDS (NON-DISTINC					63.50
63.50 RHC					63.60
63.60 FQHC					
OTHER REIMBURSABLE COST CENTERS					65
65 AMBULANCE SERVICES					101
101 TOTAL					

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COMPUTATION OF INPATIENT OPERATING COST

WORKSHEET D-1
 PART I

[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART I -- ALL PROVIDER COMPONENTS

	HOSPITAL (PPS) (14-0275)	SUB I	SUB II	SUB III	SUB IV	SNF (PPS) (14-5703)	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	15438					7250	1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	15438					7250	2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	15438					7250	4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	6702					5833	9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS							15
16 TITLE V OR XIX NURSERY DAYS							16

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PART I - ALL PROVIDER COMPONENTS

	HOSPITAL {PPS} (14-0275)	SUB I	SUB II	SUB III	SUB IV	SNF {PPS} (14-5703)	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	12891843					2270026	21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	12891843					2270026	27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	12989538					2266568	28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	12989538					2266568	30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.992479					1.001526	31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	841.40					312.63	33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	12891843					2270026	37

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PART II

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[] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

		HOSPITAL (PPS) (14-0275)	SUB I	SUB II	SUB III	SUB IV	
	PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	835.07					38
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5596639					39
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	5596639					41
		TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42	NURSERY (TITLES V AND XIX ONLY)						42
	INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS						
43	INTENSIVE CARE UNIT	1747903	932	1875.43	632	1185272	43
44	CORONARY CARE UNIT						44
45	BURN INTENSIVE CARE UNIT						45
46	SURGICAL INTENSIVE CARE UNIT						46
47	OTHER SPECIAL CARE (SPECIFY)						47
		HOSPITAL (PPS) (14-0275)	SUB I	SUB II	SUB III	SUB IV	
		1	1	1	1	1	
48	PROGRAM INPATIENT ANCILLARY SERVICE COST	8340184					48
49	TOTAL PROGRAM INPATIENT COSTS	15122095					49
	PASS THROUGH COST ADJUSTMENTS						
50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	918456					50
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	569667					51
52	TOTAL PROGRAM EXCLUDABLE COST	1488123					52
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS	13633972					53

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[] TITLE V-INPT

[XX] TITLE XVIII-PART A

[] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

HOSPITAL (PPS) (14-0275)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

TARGET AMOUNT AND LIMITATION COMPUTATION					
54 PROGRAM DISCHARGES					54
55 TARGET AMOUNT PER DISCHARGE					55
56 TARGET AMOUNT					56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT					57
58 BONUS PAYMENT					58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET					58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET					58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT					58.03
58.04 RELIEF PAYMENT					58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT					59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)					59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1					59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1					59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)					59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1					59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1					59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)					59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)					59.08

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD					60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD					61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS					62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD					63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD					64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS					65

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PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY

	SNF (PPS) (14-5703) 1	
66 SNF/NF/ICF/MR ROUTINE SERVICE COST	2270026	66
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	313.11	67
68 PROGRAM ROUTINE SERVICE COST	1826371	68
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM		69
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS	1826371	70
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS	161602	71
72 PER DIEM CAPITAL RELATED COSTS	22.29	72
73 PROGRAM CAPITAL RELATED COSTS	130018	73
74 INPATIENT ROUTINE SERVICE COST	1696353	74
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS		75
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT	1696353	76
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION		77
78 INPATIENT ROUTINE SERVICE COST LIMITATION		78
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS	1826371	79
80 PROGRAM INPATIENT ANCILLARY SERVICES	754540	80
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION		81
82 TOTAL PROGRAM INPATIENT OPERATING COSTS	2580911	82

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HOSPITAL (PPS) (14-0275)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS	1929	83
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM	835.07	84
85 OBSERVATION BED COST	1610850	85

COMPUTATION OF OBSERVATION BED PASS THROUGH COST - HOSPITAL
ROUTINE
COST
(FROM LINE 27)

COST 1	COST 2
-----------	-----------

COLUMN 1
DIVIDED BY
COLUMN 2
3

TOTAL
OBSERVATION
BED COST
(FROM LINE 85)
4

OBSERVATION BED
PASS-THROUGH COST
COL 3 TIMES COL 4
5

86 OLD CAPITAL-RELATED COST	12891843	1610850		86		
87 NEW CAPITAL-RELATED COST	1840296	12891843	.142749	1610850	229947	87
88 NON PHYSICIAN ANESTHETIST	12891843	1610850		88		
89 MEDICAL EDUCATION	12891843	1610850		89		

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PART I

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PART I -- ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0275)	SUB I	SUB II	SUB III	SUB IV	NF	
INPATIENT DAYS	1	1	1	1	1	1	
1 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS AND SWING-BED DAYS EXCLUDING NEWBORN)	15438						1
2 INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS, EXCLUDING SWING BED AND NEWBORN DAYS)	15438						2
3 PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)							3
4 SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	15438						4
5 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							5
6 TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							6
7 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							7
8 TOTAL SWING-BED NF-TYPE INPATIENT DAYS (INCL PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							8
9 INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2074						9
10 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							10
11 SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							11
12 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							12
13 SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V OR XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							13
14 MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)							14
15 TOTAL NURSERY DAYS	1586						15
16 TITLE V OR XIX NURSERY DAYS	953						16

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[XX] TITLE XIX-INPT

PART I - ALL PROVIDER COMPONENTS

	HOSPITAL (OTHER) (14-0275)	SUB I	SUB II	SUB III	SUB IV	NF	
SWING-BED ADJUSTMENT	1	1	1	1	1	1	
17 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							17
18 MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							18
19 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							19
20 MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							20
21 TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	12891843						21
22 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							22
23 SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							23
24 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD							24
25 SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD							25
26 TOTAL SWING-BED COST							26
27 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	12891843						27
PRIVATE ROOM DIFFERENTIAL ADJUSTMENT							
28 GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	12989538						28
29 PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)							29
30 SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	12989538						30
31 GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	.992479						31
32 AVERAGE PRIVATE ROOM PER DIEM CHARGE							32
33 AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	841.40						33
34 AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL							34
35 AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL							35
36 PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT							36
37 GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	12891843						37

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PART II

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PART II - HOSPITAL AND SUBPROVIDERS ONLY

	HOSPITAL (OTHER) (14-0275)	SUB I	SUB II	SUB III	SUB IV	
PROGRAM INPATIENT OPERATING COST BEFORE PASS THROUGH COST ADJUSTMENTS	1	1	1	1	1	
38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	835.07					38
39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1731935					39
40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM						40
41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	1731935					41
	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5	
42 NURSERY (TITLES V AND XIX ONLY)	912035	1586	575.05	953	548023	42
43 INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS	1747903	932	1875.43	94	176290	43
44 INTENSIVE CARE UNIT						44
45 CORONARY CARE UNIT						45
46 BURN INTENSIVE CARE UNIT						46
47 SURGICAL INTENSIVE CARE UNIT						47
47 OTHER SPECIAL CARE (SPECIFY)						
	HOSPITAL (OTHER) (14-0275)	SUB I	SUB II	SUB III	SUB IV	
	1	1	1	1	1	
48 PROGRAM INPATIENT ANCILLARY SERVICE COST						48
49 TOTAL PROGRAM INPATIENT COSTS	2456248					49
PASS THROUGH COST ADJUSTMENTS						
50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	328020					50
51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES						51
52 TOTAL PROGRAM EXCLUDABLE COST	328020					52
53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST AND MEDICAL EDUCATION COSTS						53

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[XX] TITLE XIX-INPT

PART II - HOSPITAL AND SUBPROVIDERS ONLY

HOSPITAL (OTHER) (14-0275)	SUB I	SUB II	SUB III	SUB IV
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TARGET AMOUNT AND LIMITATION COMPUTATION	1	1	1	1	
54 PROGRAM DISCHARGES					54
55 TARGET AMOUNT PER DISCHARGE					55
56 TARGET AMOUNT					56
57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT					57
58 BONUS PAYMENT					58
58.01 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED & COMPOUNDED BY THE MARKET BASKET					58.01
58.02 LESSER OF LINE 53/LINE 54 OR LINE 55 FROM PRIOR YEAR COST REPORT UPDATED BY THE MARKET BASKET					58.02
58.03 IF LINE 53/LINE 54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02, THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS ARE LESS THAN EXPECTED COSTS, OR 1% OF THE TARGET AMOUNT					58.03
58.04 RELIEF PAYMENT					58.04
59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT					59
59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LTCH ONLY)					59.01
59.02 PROGRAM DISCHARGES PRIOR TO JULY 1					59.02
59.03 PROGRAM DISCHARGES AFTER JULY 1					59.03
59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)					59.04
59.05 REDUCED INPAT COST PER DISCH. FOR DISCHARGES PRIOR TO JULY 1					59.05
59.06 REDUCED INPAT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1					59.06
59.07 REDUCED INPAT COST PER DISCHARGE (SEE INSTR.) (LTCH ONLY)					59.07
59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTR.)					59.08
PROGRAM INPATIENT ROUTINE SWING BED COST					
60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD					60
61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD					61
62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS					62
63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD					63
64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD					64
65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS					65

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PARTS III & IV

☐ TITLE V-INPT

☐ TITLE XVIII-PART A

☒ TITLE XIX-INPT

PART III - SKILLED NURSING FACILITY, NURSING FACILITY AND ICF/MR ONLY

NF

1

66 SNF/NF/ICF/MR ROUTINE SERVICE COST
67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM
68 PROGRAM ROUTINE SERVICE COST
69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM
70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS
71 CAPITAL RELATED COST ALLOCATED TO INPATIENT ROUTINE SERV COSTS
72 PER DIEM CAPITAL RELATED COSTS
73 PROGRAM CAPITAL RELATED COSTS
74 INPATIENT ROUTINE SERVICE COST
75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS
76 TOTAL PGM ROUTINE SERVICE COSTS FOR COMPARISON TO COST LIMIT
77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION
78 INPATIENT ROUTINE SERVICE COST LIMITATION
79 REASONABLE INPATIENT ROUTINE SERVICE COSTS
80 PROGRAM INPATIENT ANCILLARY SERVICES
81 UTILIZATION REVIEW--PHYSICIAN COMPENSATION
82 TOTAL PROGRAM INPATIENT OPERATING COSTS

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PARTS III & IV

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[XX] TITLE XIX-INPT

HOSPITAL (OTHER) (14-0275)	SUB I	SUB II	SUB III	SUB IV
1	1	1	1	1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BEDS
84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM
85 OBSERVATION BED COST

1929
835.07
1610850

83
84
85

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WORKSHEET D-4

INPATIENT ANCILLARY COST APPORTIONMENT

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0275)	<input type="checkbox"/> SNF	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS		6401010		25
26 INTENSIVE CARE UNIT		1298638		26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.344730	2711325	934675	37
40 ANESTHESIOLOGY	.047785	356198	17021	40
41 RADIOLOGY-DIAGNOSTIC	.145786	2131766	310782	41
44 LABORATORY	.341587	3104650	1060508	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.231146	3471625	802452	49
50 PHYSICAL THERAPY	.519250	425037	220700	50
53.01 CARDIAC REHAB	1.678539	8072	13549	53.01
53.02 CARDIAC CATH LAB	.240194	1110708	266785	53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.450996	6374285	2874777	55
56 DRUGS CHARGED TO PATIENTS	.356223	4101719	1461127	56
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.375989			60
61 EMERGENCY	.236439	1597910	377808	61
62 OBSERVATION BEDS (NON-DISTINCT OTHER REIMBURSABLE COST CENTERS	.710472			62
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		25393295	8340184	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		25393295		103

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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input type="checkbox"/> HOSPITAL	<input checked="" type="checkbox"/> SNF (14-5703)	<input checked="" type="checkbox"/> PPS
<input checked="" type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3	
INPATIENT ROUTINE SERVICE COST CENTERS				
25 ADULTS & PEDIATRICS				25
26 INTENSIVE CARE UNIT				26
ANCILLARY SERVICE COST CENTERS				
37 OPERATING ROOM	.344730			37
40 ANESTHESIOLOGY	.047785			40
41 RADIOLOGY-DIAGNOSTIC	.145786	19281	2811	41
44 LABORATORY	.341587	62312	21285	44
46.30 BLOOD CLOTTING FACTORS ADMIN CO				46.30
49 RESPIRATORY THERAPY	.231146	462	107	49
50 PHYSICAL THERAPY	.519250	1148486	596351	50
53.01 CARDIAC REHAB	1.678539			53.01
53.02 CARDIAC CATH LAB	.240194			53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.450996	71561	32274	55
56 DRUGS CHARGED TO PATIENTS	.356223	285529	101712	56
OUTPATIENT SERVICE COST CENTERS				
60 CLINIC	1.375989			60
61 EMERGENCY	.236439			61
62 OBSERVATION BEDS (NON-DISTINCT	.710472			62
OTHER REIMBURSABLE COST CENTERS				
63.50 RHC				63.50
63.60 FQHC				63.60
65 AMBULANCE SERVICES				65
101 TOTAL		1587631	754540	101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES				102
103 NET CHARGES		1587631		103

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INPATIENT ANCILLARY COST APPORTIONMENT

WORKSHEET D-4

<input type="checkbox"/> TITLE V	<input checked="" type="checkbox"/> HOSPITAL (14-0275)	<input type="checkbox"/> SNF	<input type="checkbox"/> PPS
<input type="checkbox"/> TITLE XVIII-PT A	<input type="checkbox"/> SUB I	<input type="checkbox"/> NF	<input type="checkbox"/> TEFRA
<input checked="" type="checkbox"/> TITLE XIX	<input type="checkbox"/> SUB II	<input type="checkbox"/> S/B-SNF	<input checked="" type="checkbox"/> OTHER
	<input type="checkbox"/> SUB III	<input type="checkbox"/> S/B-NF	
	<input type="checkbox"/> SUB IV	<input type="checkbox"/> ICF/MR	

COST CENTER DESCRIPTION	RATIO OF COST TO CHARGES 1	INPATIENT PROGRAM CHARGES 2	INPATIENT PROGRAM COSTS 3
INPATIENT ROUTINE SERVICE COST CENTERS			
25 ADULTS & PEDIATRICS			25
26 INTENSIVE CARE UNIT			26
ANCILLARY SERVICE COST CENTERS			
37 OPERATING ROOM	.344730		37
40 ANESTHESIOLOGY	.047785		40
41 RADIOLOGY-DIAGNOSTIC	.145786		41
44 LABORATORY	.341587		44
46.30 BLOOD CLOTTING FACTORS ADMIN CO			46.30
49 RESPIRATORY THERAPY	.231146		49
50 PHYSICAL THERAPY	.519250		50
53.01 CARDIAC REHAB	1.678539		53.01
53.02 CARDIAC CATH LAB	.240194		53.02
55 MEDICAL SUPPLIES CHARGED TO PAT	.450996		55
56 DRUGS CHARGED TO PATIENTS	.356223		56
OUTPATIENT SERVICE COST CENTERS			
60 CLINIC	1.375989		60
61 EMERGENCY	.236439		61
62 OBSERVATION BEDS (NON-DISTINCT	.710472		62
OTHER REIMBURSABLE COST CENTERS			
63.50 RHC			63.50
63.60 FQHC			63.60
65 AMBULANCE SERVICES			65
101 TOTAL			101
102 LESS PBP CLINIC LAB SVCS-PGM ONLY CHARGES			102
103 NET CHARGES			103

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0275)	SUB I	SUB II	SUB III	SUB IV	
DRG AMOUNT						
1 OTHER THAN OUTLIER PAYMENTS OCCURRING BEFORE OCTOBER 1	2859104					1
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	2859104					1.01
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1 MANAGED CARE PATIENTS	5718207					1.02
1.03 PAYMENTS PRIOR TO MARCH 1 OR OCTOBER 1						1.03
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1						1.04
1.05 PAYMENTS ON OR AFTER JAN 1 BUT BEFORE APR 1/OCT 1						1.05
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED						1.06
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.07
1.08 SIMULATED PAYMENTS FROM THE PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001						1.08
2 OUTLIER PAYMENTS PRIOR TO OCTOBER 1, 1997						2
2.01 OUTLIER PAYMENTS ON OR AFTER OCTOBER 1, 1997 INDIRECT MEDICAL EDUCATION ADJUSTMENT	146750					2.01
3 BED DAYS AVAILABLE DIVIDED BY NO. OF DAYS IN CR PERIOD	144.30					3
3.01 NO OF INTERNS & RESIDENTS FROM WORKSHEET S-3, PART I						3.01
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE						3.02
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT						3.03
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR THE MOST RECENT CR PERIOD ENDING ON OR BEFORE DEC 31, 1996						3.04
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)						3.05
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PGMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii) [FOR CR PERIODS ENDING] [ON OR AFTER 7/1/2005] [E-3, PT. VI, LN.15][PLUS LN.3.06]						3.06
3.07 SUM OF LINES 3.04-3.06	0.00	0.00				3.07
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS						3.08
3.09 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1						3.09
3.10 FOR CR PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCT. 1						3.10
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09						3.11
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10						3.12
3.13 FTE COUNT FOR RESIDENTS IN DENTAL & PODIATRIC PROGRAMS						3.13
3.14 CURRENT YEAR ALLOWABLE FTE						3.14
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE..						3.15
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YR TEACHING WAS IN EFFECT ENTER 1 HERE.. RES. IN INIT YRS						3.16
3.17 SUM OF LINES 3.14 THROUGH 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO	0.00					3.17

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WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0275)	SUB I	SUB II	SUB III	SUB IV	
3.18						3.18
3.19						3.19
3.20						3.20
3.21						3.21
3.22						3.22
3.23						3.23
3.24						3.24
4						4
4.01						4.01
4.02						4.02
4.03						4.03
4.04						4.04
5						5
5.01						5.01
5.02						5.02
5.03						5.03
5.04						5.04
5.05						5.05
5.06						5.06
6						6
7						7
7.01						7.01
8						8
9						9
10						10
11						11
11.01						11.01
11.02						11.02
12						12
13						13
14						14
15						15
16						16
17						17
18						18
19						19
20						20
21						21
21.01						21.01
21.02						21.02
22						22

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART A
(CONT)

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

	HOSPITAL (14-0275)	SUB I	SUB II	SUB III	SUB IV	
23	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION					23
24	OTHER ADJUSTMENTS					24
25	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS					25
26	AMOUNT DUE PROVIDER	12496430				26
27	SEQUESTRATION ADJUSTMENT					27
28	INTERIM PAYMENTS	12619145				28
28.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)					28.01
29	BALANCE DUE PROVIDER (PROGRAM)	-122715				29
30	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2	557729				30
TO BE COMPLETED BY INTERMEDIARY						
50	OPERATING OUTLIER AMOUNT FROM WKST E, PART A, LINE 2.01					50
51	CAPITAL OUTLIER AMOUNT FROM WKST L, PART I, LINE 3.01					51
52	OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTR.)					52
53	CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)					53
54	THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY					54
55	TIME VALUE OF MONEY (SEE INSTRUCTIONS)					55
56	CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)					56

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0275) 1	HOSPITAL (14-0275) 1.01	HOSPITAL (14-0275) 1.02	
1 MEDICAL AND OTHER SERVICES	3545			1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000	4976008			1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS	4460994			1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO	0.865			1.03
1.04 LINE 1.01 TIMES LINE 1.03	4304247			1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST	3545			5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES	9285			6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES	9285			10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES	9285			14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST	5740			15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES	3545			17
17.01 TOTAL PPS PAYMENTS	4460994			17.01

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WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	HOSPITAL (14-0275) 1	HOSPITAL (14-0275) 1.01	HOSPITAL (14-0275) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE	635		18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO LINE 17.01	1193644		18.01
19 SUBTOTAL	3270260		19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL	3270260		23
24 PRIMARY PAYER PAYMENTS	193		24
25 SUBTOTAL	3270067		25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS	85565		27
27.01 REDUCED REIMBURSABLE BAD DEBTS	59896		27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)	32761		27.02
28 SUBTOTAL	3329963		28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL	3329963		32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS	3266522		34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM	63441		35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

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WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5703) 1	SNF (14-5703) 1.01	SNF (14-5703) 1.02	
1 MEDICAL AND OTHER SERVICES				1
1.01 MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER AUGUST 1, 2000				1.01
1.02 PPS PAYMENTS RECEIVED INCLUDING OUTLIERS				1.02
1.03 1996 HOSPITAL SPECIFIC PAYMENT TO COST RATIO				1.03
1.04 LINE 1.01 TIMES LINE 1.03				1.04
1.05 LINE 1.02 DIVIDED BY LINE 1.04				1.05
1.06 TRANSITIONAL CORRIDOR PAYMENT				1.06
1.07 AMOUNT FROM WORKSHEET D, PART IV, COLUMN 9, LINE 101				1.07
2 INTERNS AND RESIDENTS				2
3 ORGAN ACQUISITIONS				3
4 COST OF TEACHING PHYSICIANS				4
5 TOTAL COST				5
COMPUTATION OF LESSER OF COST OR CHARGES REASONABLE CHARGES				
6 ANCILLARY SERVICE CHARGES				6
7 INTERNS AND RESIDENTS SERVICE CHARGES				7
8 ORGAN ACQUISITION CHARGES				8
9 CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS				9
10 TOTAL REASONABLE CHARGES				10
CUSTOMARY CHARGES				
11 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS				11
12 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)				12
13 RATIO OF LINE 11 TO LINE 12				13
14 TOTAL CUSTOMARY CHARGES				14
15 EXCESS OF CUSTOMARY CHGES OVER REASONABLE COST				15
16 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES				16
17 LESSER OF COST OR CHARGES				17
17.01 TOTAL PPS PAYMENTS				17.01

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WORKSHEET E
PART B

PART B - MEDICAL AND OTHER HEALTH SERVICES

	SNF (14-5703) 1	SNF (14-5703) 1.01	SNF (14-5703) 1.02
COMPUTATION OF REIMBURSEMENT SETTLEMENT			
18 DEDUCTIBLES AND COINSURANCE			18
18.01 DEDUCTIBLES AND COINSURANCE RELATING TO			18.01
LINE 17.01			
19 SUBTOTAL			19
20 SUM OF AMOUNTS FROM WKST E, PARTS C,D & E			20
21 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			21
22 ESRD DIRECT MEDICAL EDUCATION COSTS			22
23 SUBTOTAL			23
24 PRIMARY PAYER PAYMENTS			24
25 SUBTOTAL			25
REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)			
26 COMPOSITE RATE ESRD			26
27 BAD DEBTS			27
27.01 REDUCED REIMBURSABLE BAD DEBTS			27.01
27.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)			27.02
28 SUBTOTAL			28
29 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION			29
30 OTHER ADJUSTMENTS			30
30.99 OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)			30.99
31 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS			31
32 SUBTOTAL			32
33 SEQUESTRATION ADJUSTMENT			33
34 INTERIM PAYMENTS			34
34.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)			34.01
35 BALANCE DUE PROVIDER/PROGRAM			35
36 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2			36

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART C

PART C - OUTPATIENT AMBULATORY SURGICAL CENTER

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(14-0275)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1 STANDARD OVERHEAD AMOUNTS (ASC FEES)	1
2 DEDUCTIBLES	2
3 SUBTOTAL	3
4 80 PERCENT OF LINE 3	4
5 ASC PORTION OF BLEND	5
6 OUTPATIENT ASC COST	6
COMPUTATION OF LESSER OF COST OR CHARGES	
7 TOTAL CHARGES	7
CUSTOMARY CHARGES	
8 AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10 RATIO OF LINE 8 TO LINE 9	10
11 TOTAL CUSTOMARY CHARGES	11
12 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14 LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT	
15 DEDUCTIBLES AND COINSURANCE	15
16 TOTAL	16
17 HOSPITAL SPECIFIC PORTION OF BLEND	17
18 ASC BLENDED AMOUNT	18
19 LESSER OF LINES 16 OR 18	19
20 PART B DEDUCTIBLES AND COINSURANCE	20
21 ASC PAYMENT AMOUNT	21

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART D

PART D - OUTPATIENT RADIOLOGY SERVICES

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(14-0275)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	PREVAILING CHARGES	1
2	62 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OUTPATIENT RADIOLOGY	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OUTPATIENT RADIOLOGY BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	RADIOLOGY PAYMENT AMOUNT	21

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E
PART E

PART E - OTHER OUTPATIENT DIAGNOSTIC PROCEDURES

[] TITLE V [XX] TITLE XVIII [] TITLE XIX

HOSPITAL
(14-0275)
OCTOBER 1, 1997
PRIOR TO ON OR AFTER
1 1.01

1	PREVAILING CHARGES	1
2	42 PERCENT OF LINE 1	2
3	DEDUCTIBLES	3
4	SUBTOTAL	4
5	BLENDED CHARGE PROPORTION	5
6	COST OF OTHER OUTPATIENT DIAGNOSTIC PROCEDURES	6
COMPUTATION OF LESSER OF COST OR CHARGES		
7	TOTAL CHARGES	7
CUSTOMARY CHARGES		
8	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	8
9	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICE ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)	9
10	RATIO OF LINE 8 TO LINE 9	10
11	TOTAL CUSTOMARY CHARGES	11
12	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	12
13	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	13
14	LESSER OF COST OR CHARGES	14
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
15	DEDUCTIBLES AND COINSURANCE	15
16	TOTAL	16
17	COST PROPORTION	17
18	OTHER OUTPATIENT DIAGNOSTIC BLENDED AMOUNT	18
19	LESSER OF LINE 16 OR LINE 18	19
20	PART B DEDUCTIBLES AND COINSURANCE	20
21	DIAGNOSTIC PAYMENT AMOUNT	21

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DATE (MO/DAY/YR) :

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WORKSHEET E-1

NAME OF INTERMEDIARY:

SIGNATURE OF AUTHORIZED PERSON: _____

INTERMEDIARY NUMBER:

DATE (MO/DAY/YR) :

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CALCULATION OF REIMBURSEMENT SETTLEMENT

WORKSHEET E-3
PART III

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

[] TITLE V

[XX] TITLE XVIII

[] TITLE XIX

SNF I
(14-5703)
(PPS)
2

1	COMPUTATION OF NET COST OF COVERED SERVICES		1
2	INPATIENT HOSPITAL/SNF/NF SERVICES		2
3	MEDICAL AND OTHER SERVICES		3
4	INTERNS AND RESIDENTS		4
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS ONLY		5
6	COST OF TEACHING PHYSICIANS		6
7	SUBTOTAL		7
8	INPATIENT PRIMARY PAYER PAYMENTS		8
9	OUTPATIENT PRIMARY PAYER PAYMENTS		9
10	COMPUTATION OF LESSER OF COST OR CHARGES		10
11	ROUTINE SERVICE CHARGES		11
12	ANCILLARY SERVICE CHARGES		12
13	INTERNS AND RESIDENTS SERVICE CHARGES		13
14	ORGAN ACQUISITION CHARGES, NET OF REVENUE		14
15	TEACHING PHYSICIANS		15
16	INCENTIVE FROM TARGET AMOUNT COMPUTATION		16
	TOTAL REASONABLE CHARGES		
17	CUSTOMARY CHARGES		17
18	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		18
	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)		
19	RATIO OF LINE 17 TO LINE 18		19
20	TOTAL CUSTOMARY CHARGES		20
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		21
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		22
23	COST OF COVERED SERVICES		23
24	PROSPECTIVE PAYMENT AMOUNT		24
25	OTHER THAN OUTLIER PAYMENTS	2066867	25
26	OUTLIER PAYMENTS		26
27	PROGRAM CAPITAL PAYMENTS		27
28	CAPITAL EXCEPTION PAYMENTS		28
29	ROUTINE SERVICE OTHER PASS THROUGH COSTS		29
30	ANCILLARY SERVICE OTHER PASS THROUGH COSTS		30
31	SUBTOTAL	2066867	31
32	CUSTOMARY CHARGES (TITLE XIX PPS COVERED SERVICES ONLY)		32
33	AMOUNT FROM LINE 30	2066867	33
	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)		

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WORKSHEET E-3
PART III

PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

[] TITLE V	[XX] TITLE XVIII	[] TITLE XIX
	SNF I (14-5703) (PPS) 2	
COMPUTATION OF REIMBURSEMENT SETTLEMENT		
34 EXCESS OF REASONABLE COST		34
35 SUBTOTAL	2066867	35
36 COINSURANCE	237152	36
37 SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E, LINE 19		37
38 REIMBURSABLE BAD DEBTS		38
38.01 REDUCED REIMBURSABLE BAD DEBTS		38.01
38.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES (SEE INSTRUCTIONS)		38.02
38.03 ADJUSTED REIMBURSABLE BAD DEBTS FOR PERIODS ENDING ON OR AFTER 10/01/05 (SEE INSTR.)		38.03
39 UTILIZATION REVIEW		39
40 SUBTOTAL	1829715	40
41 INPATIENT ROUTINE SERVICE COST		41
42 MEDICARE INPATIENT ROUTINE CHARGES		42
43 AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS		43
44 AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(E)		44
45 RATIO OF LINE 43 TO LINE 44		45
46 TOTAL CUSTOMARY CHARGES		46
47 EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST		47
48 EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES		48
49 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		49
50 LOSS ON SALE OF ASSETS		50
51 AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		51
52 SUBTOTAL	1829715	52
53 INDIRECT MEDICAL EDUCATION ADJUSTMENT (PPS ONLY)		53
54 DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS		54
55 TOTAL AMOUNT PAYABLE TO THE PROVIDER	1829715	55
56 SEQUESTRATION ADJUSTMENT		56
57 INTERIM PAYMENTS	1829715	57
57.01 TENTATIVE SETTLEMENT (FOR FI USE ONLY)		57.01
58 BALANCE DUE PROVIDER/PROGRAM		58
59 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB 15-II, SECTION 115.2		59

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CALCULATION OF REIMBURSEMENT SETTLEMENT
PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
PART III

[] TITLE V		[] TITLE XVIII		[XX] TITLE XIX		NF I (PPS)	
	HOSPITAL (14-0275) (OTHER)	SUB I	SUB II	SUB III	SUB IV		
1	COMPUTATION OF NET COST OF COVERED SERVICES	1	1	1	1	1	1
2	INPATIENT HOSPITAL/SNF/NF SERVICES	2456248					2
3	MEDICAL AND OTHER SERVICES						3
4	INTERNS AND RESIDENTS						4
5	ORGAN ACQUISITION CERTIFIED TRANSPLANT CENTERS O						5
6	COST OF TEACHING PHYSICIANS						6
7	SUBTOTAL	2456248					7
8	INPATIENT PRIMARY PAYER PAYMENTS						8
9	OUTPATIENT PRIMARY PAYER PAYMENTS						9
	SUBTOTAL	2456248					
10	COMPUTATION OF LESSER OF COST OR CHARGES						10
11	ROUTINE SERVICE CHARGES						11
12	ANCILLARY SERVICE CHARGES						12
13	INTERNS AND RESIDENTS SERVICE CHARGES						13
14	ORGAN ACQUISITION CHARGES, NET OF REVENUE						14
15	TEACHING PHYSICIANS						15
16	INCENTIVE FROM TARGET AMOUNT COMPUTATION						16
	TOTAL REASONABLE CHARGES						
17	CUSTOMARY CHARGES						17
18	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE						18
	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM						
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN						
	ACCORDANCE WITH 42 CFR 413.13(E)						19
19	RATIO OF LINE 17 TO LINE 18						20
20	TOTAL CUSTOMARY CHARGES						21
21	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST						22
22	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	2456248					23
23	COST OF COVERED SERVICES	2456248					
24	PROSPECTIVE PAYMENT AMOUNT						24
25	OTHER THAN OUTLIER PAYMENTS						25
26	OUTLIER PAYMENTS						26
27	PROGRAM CAPITAL PAYMENTS						27
28	CAPITAL EXCEPTION PAYMENTS						28
29	ROUTINE SERVICE OTHER PASS THROUGH COSTS						29
30	ANCILLARY SERVICE OTHER PASS THROUGH COSTS						30
	SUBTOTAL	2456248					31
31	CUSTOMARY CHARGES (TITLE XIX PPS COVERED						32
32	LESSER OF LINES 30 OR 31	2456248					33
33	DEDUCTIBLES (EXCLUDE PROFESSIONAL COMPONENT)						

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PART III - TITLE V OR TITLE XIX SERVICES OR TITLE XVIII SNF PPS ONLY

WORKSHEET E-3
PART III

	[] TITLE V	[] TITLE XVIII	[XX] TITLE XIX	
	HOSPITAL (14-0275) (OTHER)	SUB I	SUB II	SUB III SUB IV NF I
	1	1	1	1 1
34	COMPUTATION OF REIMBURSEMENT SETTLEMENT			
35	EXCESS OF REASONABLE COST	2456248		34
36	SUBTOTAL			35
37	COINSURANCE			36
38	SUM OF AMOUNTS FROM WKST E, PARTS C,D AND E,			37
38.01	REIMBURSABLE BAD DEBTS			38
38.02	REDUCED REIMBURSABLE BAD DEBTS			38.01
	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE			38.02
	BENEFICIARIES (SEE INSTRUCTIONS)			
39	UTILIZATION REVIEW			39
40	SUBTOTAL			40
41	INPATIENT ROUTINE SERVICE COST			41
42	MEDICARE INPATIENT ROUTINE CHARGES			42
43	AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE			43
44	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM			44
	A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN			
	ACCORDANCE WITH 42 CFR 413.13(E)			
45	RATIO OF LINE 43 TO LINE 44			45
46	TOTAL CUSTOMARY CHARGES			46
47	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST			47
48	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES			48
49	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM			49
	UTILIZATION			
50	LOSS ON SALE OF ASSETS			50
51	AMOUNTS APPLICABLE TO PRIOR COST REPORTING			51
	DEPRECIABLE ASSETS			
52	SUBTOTAL			52
53	INDIRECT MEDICAL EDUCATION ADJUSTMENT			53
54	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS			54
55	TOTAL AMOUNT PAYABLE TO THE PROVIDER			55
56	SEQUESTRATION ADJUSTMENT			56
57	INTERIM PAYMENTS			57
57.01	TENTATIVE SETTLEMENT (FOR FI USE ONLY)			57.01
58	BALANCE DUE PROVIDER/PROGRAM			58
59	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT			59
	SECTION 115.2			

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BALANCE SHEET

WORKSHEET G

ASSETS		GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
		1	2	3	4
1	CURRENT ASSETS				1
2	CASH ON HAND AND IN BANKS	6874555			2
3	TEMPORARY INVESTMENTS				3
4	NOTES RECEIVABLE				4
5	ACCOUNTS RECEIVABLE	13758173			5
6	OTHER RECEIVABLES	5968419			6
7	ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				7
8	INVENTORY	1718261			8
9	PREPAID EXPENSES	380014			9
10	OTHER CURRENT ASSETS				10
11	DUE FROM OTHER FUNDS				11
12	TOTAL CURRENT ASSETS	28699422			12
13	FIXED ASSETS				13
14	LAND	494992			14.01
15	ACCUMULATED DEPRECIATION				15
16	LAND IMPROVEMENTS	1512591			16.01
17	ACCUMULATED DEPRECIATION	-1179021			17
18	BUILDINGS	48408288			18.01
19	ACCUMULATED DEPRECIATION	-21472695			19
20	LEASEHOLD IMPROVEMENTS	16771			20.01
21	ACCUMULATED AMORTIZATION	-4084			21
22	FIXED EQUIPMENT				22
23	ACCUMULATED DEPRECIATION				23
24	AUTOMOBILES AND TRUCKS				24
25	ACCUMULATED DEPRECIATION				25
26	MAJOR MOVABLE EQUIPMENT	34260341			26
27	ACCUMULATED DEPRECIATION	-26546270			27
28	MINOR EQUIPMENT DEPRECIABLE				28
29	ACCUMULATED DEPRECIATION				29
30	MINOR EQUIPMENT-NONDEPRECIABLE				30
31	TOTAL FIXED ASSETS	35490913			31
32	OTHER ASSETS				32
33	INVESTMENTS	2178865			33
34	DEPOSITS ON LEASES				34
35	DUE FROM OWNERS/OFFICERS				35
36	OTHER ASSETS	2223371			36
37	TOTAL OTHER ASSETS	4402236			37
38	TOTAL ASSETS	68592571			38
39	LIABILITIES AND FUND BALANCES				39
40					40
41	CURRENT LIABILITIES				41
42	ACCOUNTS PAYABLE	6100741			42
43	SALARIES, WAGES & FEES PAYABLE	3188708			43
44	PAYROLL TAXES PAYABLE				44
45	NOTES & LOANS PAYABLE (SHORT TERM)	1460839			45
46	DEFERRED INCOME				46
47	ACCELERATED PAYMENTS				47
48	DUE TO OTHER FUNDS				48
49	OTHER CURRENT LIABILITIES	1906392			49
50	TOTAL CURRENT LIABILITIES	12656680			50
51	LONG-TERM LIABILITIES				51
52	MORTGAGE PAYABLE	22345679			52
53	NOTES PAYABLE				53
54	UNSECURED LOANS				54
55	LOANS FROM OWNERS .01 PRIOR TO 7/1/66 .02 ON OR AFTER 7/1/66				55
56	OTHER LONG TERM LIABILITIES	517025			56
57	TOTAL LONG TERM LIABILITIES	22862704			57
58	TOTAL LIABILITIES	35519384			58
59	CAPITAL ACCOUNTS				59
60	GENERAL FUND BALANCE	33073187			60
61	SPECIFIC PURPOSE FUND BALANCE				61
62	DONOR CREATED-ENDOWMENT FUND BAL-RESTRICTED				62
63	DONOR CREATED-ENDOWMENT FUND BAL-UNRESTRICTED				63
64	GOVERNING BODY CREATED - ENDOWMENT FUND BAL				64
65	PLANT FUND BALANCE - INVESTED IN PLANT				65
66	PLANT FUND BALANCE - RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				66
67	TOTAL FUND BALANCES	33073187			67
68	TOTAL LIABILITIES AND FUND BALANCES	68592571			68

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WORKSHEET G-1

STATEMENT OF CHANGES IN FUND BALANCES

	GENERAL FUND 1	SPECIFIC PURPOSE FUND 2	ENDOWMENT FUND 3	PLANT FUND 4	
1 FUND BALANCES AT BEGINNING OF PERIOD	24869329				1
2 NET INCOME (LOSS)	8788965				2
3 TOTAL	33658294				3
4 ADDITIONS (CREDIT ADJUSTMENTS)					4
5					5
6					6
7					7
8					8
9					9
10 TOTAL ADDITIONS					10
11 SUBTOTAL	33658294				11
12 DEDUCTIONS (DEBIT ADJUSTMENTS)					12
13					13
14 TRANSFERS TO RELATED PARTY	1665134				14
15					15
16					16
17					17
18 TOTAL DEDUCTIONS	1665134				18
19 FUND BALANCE AT END OF PERIOD PER BALANCE SHEET	31993160				19

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STATEMENT OF PATIENT REVENUES AND OPERATING EXPENSES

WORKSHEET G-2
 PARTS I & II

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3	
1 GENERAL INPATIENT ROUTINE CARE SERVICES	15243580		15243580	1
2 HOSPITAL				2
4 SUBPROVIDER I				4
5 SWING BED - SNF				5
6 SKILLED NURSING FACILITY	2354318		2354318	6
7 NURSING FACILITY	5363136		5363136	7
8 OTHER LONG TERM CARE				8
9 TOTAL GENERAL INPATIENT CARE SERVICES	22961034		22961034	9
10 INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICES				10
11 INTENSIVE CARE UNIT	1981847		1981847	11
12 CORONARY CARE UNIT				12
13 BURN INTENSIVE CARE UNIT				13
14 SURGICAL INTENSIVE CARE UNIT				14
15 OTHER SPECIAL CARE (SPECIFY)	1981847		1981847	15
16 TOTAL INTENSIVE CARE TYPE INPATIENT HOSPITAL SERVICE	24942881		24942881	16
17 TOTAL INPATIENT ROUTINE CARE SERVICES	45038409		118480039	17
18 ANCILLARY SERVICES		73441630		18
18.50 OUTPATIENT SERVICES				18.50
18.60 RHC				18.60
19 FQHC				19
20 HOME HEALTH AGENCY				20
21 AMBULANCE				21
22 CORF				22
23 ASC				23
24 HOSPICE				24
25 OTHER REVENUE	69981290	73441630	143422920	25
25 TOTAL PATIENT REVENUES				

PART II - OPERATING EXPENSES

	1	2	
26 OPERATING EXPENSES		71072772	26
27 ADD (SPECIFY)			27
28 HOSPITAL BAD DEBTS	5429606		28
29 NURSING HOME BAD DEBTS	34167		29
30			30
31			31
32			32
33 TOTAL ADDITIONS		5463773	33
34 DEDUCT (SPECIFY)			34
35			35
36			36
37			37
38			38
39 TOTAL DEDUCTIONS			39
40 TOTAL OPERATING EXPENSES		76536545	40

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STATEMENT OF REVENUES AND EXPENSES

WORKSHEET G-3

	DESCRIPTION		
1	TOTAL PATIENT REVENUES	143422920	1
2	LESS - CONTRACTUAL ALLOWANCES AND DISCOUNTS ON PATIENTS' ACCOUNTS	63135133	2
3	NET PATIENT REVENUES	80287787	3
4	LESS - TOTAL OPERATING EXPENSES	76536545	4
5	NET INCOME FROM SERVICE TO PATIENTS	3751242	5
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.		6
7	INCOME FROM INVESTMENTS		7
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE		8
9	REVENUE FROM TELEVISION AND RADIO SERVICE		9
10	PURCHASE DISCOUNTS		10
11	REBATES AND REFUNDS OF EXPENSES		11
12	PARKING LOT RECEIPTS		12
13	REVENUE FROM LAUNDRY AND LINEN SERVICE		13
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS		14
15	REVENUE FROM RENTAL OF LIVING QUARTERS		15
16	REV FROM SALE OF MED & SURG SUPP TO OTHER THAN PATIENTS		16
17	REVENUE FROM SALE OF DRUGS TO OTHER THAN PATIENTS		17
18	REVENUE FROM SALE OF MEDICAL RECORDS AND ABSTRACTS		18
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC.)		19
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOPS, CANTEEN		20
21	RENTAL OF VENDING MACHINES		21
22	RENTAL OF HOSPITAL SPACE		22
23	GOVERNMENTAL APPROPRIATIONS		23
24	OTHER REVENUE	3397982	24
24.01	NURSING HOME OTHER REVENUE	1342227	24.01
24.02		297514	24.02
25	TOTAL OTHER INCOME	5037723	25
26	TOTAL	8788965	26
27			27
28			28
29			29
30	TOTAL OTHER EXPENSES		30
31	NET INCOME (OR LOSS) FOR THE PERIOD	8788965	31

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CALCULATION OF CAPITAL PAYMENT - TITLE XVIII - FULLY PROSPECTIVE METHOD

WORKSHEET L

	HOSPITAL (14-0275)	SUB I	SUB II	SUB III	SUB IV
PART I - FULLY PROSPECTIVE METHOD					
1 CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS					1
2 CAPITAL FEDERAL AMOUNT	973275				2
3 CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED PRIOR TO OCTOBER 1, 1997					3
3.01 CAPITAL DRG OUTLIER PAYMENTS FOR SERVICES RENDERED ON OR AFTER OCTOBER 1, 1997	23698				3.01
4 INDIRECT MEDICAL EDUCATION ADJUSTMENT					4
4 TOTAL INPAT DAYS DIVIDED BY NO OF DAYS IN CR PERIOD [E-3,PT VI,LN.18] [E,PT A,LN.3.17][x E-3,PT VI,LN.1]					4
4.01 NO. OF INTERNS & RESIDENTS	0.00				4.01
4.02 INDIRECT MEDICAL EDUCATION PERCENTAGE					4.02
4.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT					4.03
DISPROPORTIONATE SHARE ADJUSTMENT					
5 % OF SSI RECIPIENT PAT DAYS TO MEDICARE PART A PAT DAYS	0.0353				5
5.01 % OF MEDICAID PAT DAYS TO TOTAL DAYS ON WKST S-3, PART I	0.2217				5.01
5.02 SUM OF LINES 5 AND 5.01	0.2570				5.02
5.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	0.0534				5.03
5.04 DISPROPORTIONATE SHARE ADJUSTMENT	51973				5.04
6 TOTAL PROSPECTIVE CAPITAL PAYMENTS	1048946				6
PART II - HOLD HARMLESS METHOD					
1 NEW CAPITAL					1
2 OLD CAPITAL					2
3 TOTAL CAPITAL					3
4 RATIO OF NEW CAPITAL TO TOTAL CAPITAL					4
5 TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE					5
6 REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT					6
7 REDUCED OLD CAPITAL AMOUNT					7
8 HOLD HARMLESS PAYMENT FOR NEW CAPITAL					8
9 SUBTOTAL					9
10 PAYMENT UNDER HOLD HARMLESS (GREATER OF LINE 5 OR LINE 9)					10
PART III -- PAYMENT UNDER REASONABLE COST					
1 PROGRAM INPATIENT ROUTINE CAPITAL COST					1
2 PROGRAM INPATIENT ANCILLARY CAPITAL COST					2
3 TOTAL INPATIENT PROGRAM CAPITAL					3
4 CAPITAL COST PAYMENT FACTOR					4
5 TOTAL INPATIENT PROGRAM CAPITAL COST					5
PART IV - COMPUTATION OF EXCEPTION PAYMENTS					
1 PROGRAM INPATIENT CAPITAL COSTS					1
2 PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES					2
3 NET PROGRAM INPATIENT CAPITAL COSTS					3
4 APPLICABLE EXCEPTION PERCENTAGE					4
5 CAPITAL COST FOR COMPARISON TO PAYMENTS					5
6 PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY CIRCUMSTANCES					6
7 ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL FOR EXTRAORDINARY CIRCUMSTANCES					7
8 CAPITAL MINIMUM PAYMENT LEVEL					8
9 CURRENT YEAR CAPITAL PAYMENTS					9
10 CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL TO CAPITAL PAYMENTS					10
11 CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT					11
12 NET COMPARISON OF CAPITAL MINIMUM PYMNT LEVEL TO CAPITAL PYMNTS					12
13 CURRENT YEAR EXCEPTION PAYMENT					13
14 CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD					14
15 CURRENT YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT (SEE INSTRUCTIONS)					15
16 CURRENT YEAR OPERATING AND CAPITAL COSTS (SEE INSTRUCTIONS)					16
17 CURRENT YEAR EXCEPTION OFFSET AMOUNT					17

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ALLOCATION OF ALLOWABLE CAPITAL COSTS FOR EXTRAORDINARY CIRCUMSTANCES

WORKSHEET L-1
PART I

COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS 0	SUBTOTAL 4A	SUBTOTAL 25	I&R COST & POST STEP- DOWN ADJS 26	TOTAL 27
GENERAL SERVICE COST CENTERS					
1 OLD CAP REL COSTS-BLDG & FIXT					1
2 OLD CAP REL COSTS-MVBLE EQUIP					2
3 NEW CAP REL COSTS-BLDG & FIXT					3
3.01 NEW CAPITAL RELATED IRC					3.01
4 NEW CAP REL COSTS-MVBLE EQUIP					4
5 EMPLOYEE BENEFITS					5
6 ADMINISTRATIVE & GENERAL					6
7 MAINTENANCE & REPAIRS					7
8 OPERATION OF PLANT					8
8.01 OPERATION OF PLANT IRC					8.01
9 LAUNDRY & LINEN SERVICE					9
10 HOUSEKEEPING					10
11 DIETARY					11
12 CAFETERIA					12
12.01 EMPLOYEE CAFETERIA					12.01
13 MAINTENANCE OF PERSONNEL					13
14 NURSING ADMINISTRATION					14
15 CENTRAL SERVICES & SUPPLY					15
16 PHARMACY					16
17 MEDICAL RECORDS & LIBRARY					17
18 SOCIAL SERVICE					18
20 NONPHYSICIAN ANESTHETISTS					20
21 NURSING SCHOOL					21
22 I&R SERVICES-SALARY & FRINGES A					22
23 I&R SERVICES-OTHER PRGM COSTS A					23
24 PARAMED ED PRGM-(SPECIFY)					24
INPATIENT ROUTINE SERV COST CENTERS					
25 ADULTS & PEDIATRICS					25
26 INTENSIVE CARE UNIT					26
33 NURSERY					33
34 SKILLED NURSING FACILITY					34
35 NURSING FACILITY					35
36 OTHER LONG TERM CARE					36
ANCILLARY SERVICE COST CENTERS					
37 OPERATING ROOM					37
40 ANESTHESIOLOGY					40
41 RADIOLOGY-DIAGNOSTIC					41
44 LABORATORY					44
46.30 BLOOD CLOTTING FACTORS ADMIN CO					46.30
49 RESPIRATORY THERAPY					49
50 PHYSICAL THERAPY					50
53.01 CARDIAC REHAB					53.01
53.02 CARDIAC CATH LAB					53.02
55 MEDICAL SUPPLIES CHARGED TO PAT					55
56 DRUGS CHARGED TO PATIENTS					56
OUTPATIENT SERVICE COST CENTERS					
60 CLINIC					60
61 EMERGENCY					61
62 OBSERVATION BEDS (NON-DISTINCT					62
63.50 RHC					63.50
63.60 FQHC					63.60
OTHER REIMBURSABLE COST CENTERS					
65 AMBULANCE SERVICES					65
69.10 CMHC					69.10
69.20 OUTPATIENT PHYSICAL THERAPY					69.20
69.30 OUTPATIENT OCCUPATIONAL THERAPY					69.30
69.40 OUTPATIENT SPEECH PATHOLOGY					69.40
71 HOME HEALTH AGENCY					71
SPECIAL PURPOSE COST CENTERS					
85.01 PANCREAS ACQUISITION					85.01
85.02 INTESTINAL ACQUISITION					85.02
85.03 ISLET CELL ACQUISITION					85.03
95 SUBTOTALS					95
NONREIMBURSABLE COST CENTERS					
96 GIFT, FLOWER, COFFEE SHOP & CAN					96
98 PHYSICIANS' PRIVATE OFFICES					98
98.01 NON-REIMBURSABLE					98.01
98.02 CADS					98.02
98.03 CROSSTOWN SQUARE					98.03

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PART I

	COST CENTER DESCRIPTION	EXTRAORDI- NARY CAP- REL COSTS	SUBTOTAL	SUBTOTAL	I&R COST & POST STEP- DOWN ADJS	TOTAL	
		0	4A	25	26	27	
101	CROSS FOOT ADJUSTMENTS						101
102	NEGATIVE COST CENTER						102
103	TOTAL						103
104	TOTAL STATISTICAL BASIS						104
105	UNIT COST MULTIPLIER						105
105	UNIT COST MULTIPLIER						105